



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Arteriosclerosis   | 1915          |
| Chronic interstitial nephritis   | 1921          |
| Cerebral hemorrhage  | July 5, 1927  |

| Other contributory causes of importance: | Date of onset |
|--|---------------|
| Gallstones                               | May 1, 1923   |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Attack of epilepsy   | 1 week ago    |
| Run over by street car   | 1 week ago    |
| Peritonitis  | 3 days ago    |

| Other contributory causes of importance: | Date of onset |
|--|---------------|
| Gastroenteritis                          | 1 year        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



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**Example I**

The principal cause of death and related causes of importance were as follows:

|                                |                       |
|--------------------------------|-----------------------|
| Arteriosclerosis               | Date of onset<br>1915 |
| Chronic interstitial nephritis | 1921                  |
| Cerebral hemorrhage            | July 5, 1927          |

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

08347

## 1. PLACE OF DEATH

County Washington

Village or City ~~WILMINGTON CORPORATE LIMITS OF~~ Hagerstown

Length of residence in city or town where death occurred 40 yrs.

210-m

Registration Dist. No.

3021

No. Washington County Hospital 3 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Dudley N. Barnes

(a) Residence: No. 148 E. Washington Street St. 3 Ward.  
(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|--------|------------------|---|
| Male   | White            | Married   |

5a. If married, widowed, or divorced  
HUSBAND of  
(or wife of)

Mary Barnes

6. DATE OF BIRTH (month, day, and year) August 2, 1880

7. AGE Years Months Days If LESS than  
53 0 26 1 day, hrs.  
or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Employee

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Shoe Factory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Washington County  
(State or country) Md.

13. NAME George W. Barnes

14. BIRTHPLACE (city or town) Washington County  
(State or country) Md.

15. MADIOEN NAME Lucinda Munson

16. BIRTHPLACE (city or town) Washington County  
(State or country) Md.17. INFORMANT Mrs. Mary Barnes,  
(Address) Hagerstown, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Hagerstown, Md. Date Aug. 30, 1933.

19. UNDERTAKER Fred W. Kraiss,  
(Address) Hagerstown, Md.20. FILED 8/29/33 Hagerstown  
(Address) Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

August 28, 1933. 3.  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

19 , to , 19 .

I last saw h alive on , 19 ; death is said

to have occurred on the date stated above, at 4:35 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were, as follows:

Accidental death  
due to collision  
with a motor vehicle

Other Contributory Causes of importance:

Automobile coupe, in collision with  
another automobile Aug. 28,

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury August 28, 1933.

Where did injury occur? Hagerstown, Washington County, Md.

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

In public place, Franklin &amp; Mulberry Streets.

Manner of injury Automobile collision; accident.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Richard W. Kraiss, M.D.

(Address) Hagerstown, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |
|                                |               |
|                                |               |
|                                |               |

Example II

The principal cause of death and related causes of importance were as follows:

|                        | Date of onset |
|------------------------|---------------|
| Attack of epilepsy     | 1 week ago    |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |
|                        |               |
|                        |               |
|                        |               |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1928 |
|            |             |
|            |             |
|            |             |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |
|                 |        |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## 1. PLACE OF DEATH

County WashingtonVillage or City Near Smithsburg

82-a

Registration Dist. No. 306

08348

St., Ward

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.2. FULL NAME Frank Claggett (Jones) Beard

(a) Residence: No.

Smithsburg, Md.

No.

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

St., Ward

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Mrs. Ida Beard

## 6. DATE OF BIRTH (month, day, and year)

May - 6 - 1884

## 7. AGE Years Months Days

49 3 3

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Farmer

## 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Fruit

## 10. Date deceased last worked at this occupation (month and year)

Aug. 1-1933

## 11. Total time (years) spent in this occupation

2 yrs.

## 12. BIRTHPLACE (city or town) (State or country)

Boonsboro

Wash. Co. Md.

13. NAME Isiah Jones

## 14. BIRTHPLACE (city or town) (State or country)

Mt. Lena

Wash. Co. Md.

15. MAIDEN NAME Katherine Ferguson

## 16. BIRTHPLACE (city or town) (State or country)

Boonsboro

Wash. Co. Md.

## 17. INFORMANT (Address)

Mrs. Ida Beard

Smithsburg Md.

## 18. BURIAL, CREMATION, OR REMOVAL

Place Smithsburg Date Aug. 12, 1933

## 19. UNDERTAKER (Address)

W. J. Daat &amp; Son

Boonsboro Md.

## 20. FILED (Address)

Aug. 9, 1933

Geo W. Ferguson

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug 9, 1933

## 22. I HEREBY CERTIFY, That I attended deceased from

Aug 8, 1933, to Aug 9, 1933

I last saw him alive on Aug 8, 1933; death is said to have occurred on the date stated above, at 4:00 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arterio-Sclerosis

Date of onset

1923

## Other Contributory Causes of importance:

Cardiac Hemorrhage

2 days

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Data of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Natura of injury \_\_\_\_\_

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Mo. References M. D.(Address) Smithsburg Md.

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|                                | Date of onset |
|--------------------------------|---------------|
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| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Example II

The principal cause of death and related causes of importance were as follows:

|                        | Date of onset |
|------------------------|---------------|
| Attack of epilepsy     | 1 week ago    |
| Run over by street car | 1 week ago    |

Other contributory causes of importance:

|            | Other contributory causes of importance: |        |
|------------|--|--------|
| Gallstones | Gastroenteritis                          | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## V. S. No. 1 MARGIN RESERVED FOR BINDING

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

08349

## 1. PLACE OF DEATH

Washington  
County

(13)

Registration Dist. No.

302

Village or City ~~WITHIN CORPORATE LIMITS~~

Hagerstown Md

Length of residence in city or town where death occurred

10

yrs.

mos.

No. 32 Cramer St.

St. 4 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

ds. How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME Ethel Bender

(a) Residence: No. Same

(Usual place of abode)

St. 4 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|               |                        |  |
|---------------|------------------------|--|
| 3. SEX Female | 4. COLOR OR RACE White | S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br>married |
|---------------|------------------------|--|

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Orville Bender

July 10. 1893

6. DATE OF BIRTH (month, day, and year)

|                 |          |        |  |
|-----------------|----------|--------|--|
| 7. AGE 40 Years | Months 1 | Days 3 | If LESS than<br>1 day, _____. hrs.<br>or _____. min. |
|-----------------|----------|--------|--|

8. Trade, profession, or particular kind of work done, as SPINNER, HOUSE WORK, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, at home, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Aug. 10 | 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town)  
(State or country) Sharpsburg Md

13. NAME Robert Swain

Sharpsburg Md

14. BIRTHPLACE (city or town)  
(State or country)

15. MAIDEN NAME Daisy Bender

Sharpsburg Md

16. BIRTHPLACE (city or town)  
(State or country)

17. INFORMANT Robert C. Swain

(Address) Sharpsburg Md

18. BURIAL, CREMATION, OR REMOVAL  
Place Sharpsburg Md Date Aug. 16, 1933

19. UNDERTAKER Albert Leaf

(Address) Williamsport Md

20. FILED 8-15-33 The Attorneys

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug. 13. 1933

(Month)

(Day)

(Year)

## 22. I HEREBY CERTIFY That I attended deceased from

Aug. 13, 1933, to Aug. 13, 1933

I last saw her alive on Aug. 13, 1933, 6 P.M., death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Cough -

Chronic interstitial nephritis. Cereb.

Duration not known.

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury , 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

H. R. Bender, M.D.

(Address) 121 W. Market Hagerstown

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Example II

The principal cause of death and related causes of importance were as follows:

|                        | Date of onset |
|------------------------|---------------|
| Attack of epilepsy     | 1 week ago    |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08350

## 1. PLACE OF DEATH

County Washington  
Village or City Hagerstown

Length of residence in city or town where death occurred 30 yrs.

Registration Dist. No. 302

St. 5 Ward

No. 428 Salem Avenue

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of time in U.S. if of foreign birth? yrs. mos. ds.

yrs. mos. ds.

## 2. FULL NAME Harry E. Bierley

(a) Residence: No. 428 Salem Avenue  
(Usual place of abode)

St. 5 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|             |                        |   |
|-------------|------------------------|---|
| 3. SEX Male | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br>Single |
|-------------|------------------------|---|

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 27, 1880

|                 |          |        |  |
|-----------------|----------|--------|--|
| 7. AGE Years 53 | Months 4 | Days 1 | If LESS than<br>1 day, _____ hrs.<br>or _____ min. |
|-----------------|----------|--------|--|

|   |   |
|---|---|
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | Black Smith                                     |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.          | Retired   |
| 10. Date deceased last worked at this occupation (month and year)                           | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town)  
(State or country) Funkstown  
Md.

13. NAME William T. Bierley

14. BIRTHPLACE (city or town)  
(State or country) Funkstown  
Md.

15. MAIDEN NAME Laura Smith

16. BIRTHPLACE (city or town)  
(State or country) Boonsboro  
Md.17. INFORMANT Edgar W. Bierley,  
(Address) Hagerstown, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Funkstown, Md. Date Aug. 31, 1933

19. UNDERTAKER Fred W. Kraiss,  
(Address) Hagerstown, Md.

20. FILED 8-30-33 by [Signature]

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

August 28, 1933  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

*July 1, 1932, to Aug 28, 1933*  
I last saw him alive on Aug 28, 1933; death is said  
to have occurred on the date stated above, at 11:00 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:*Cerebral Hemorrhage*

Date of onset

*July 1, 1932*

## Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) *Mr. Bierley*

M. D.

(Address) *Hagerstown, Md.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Example II

The principal cause of death and related causes of importance were as follows:

|                        | Date of onset |
|------------------------|---------------|
| Attack of epilepsy     | 1 week ago    |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1928 |
|            |             |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County

Washington

Village or City

Hagerstown

Length of residence in city or town where death occurred

yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos.

3

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

520 Sycamore Ave

No. 520 Sycamore Ave

Hospital St., 3 Ward

(Usual place of abode)

Registration Dist. No. 302

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Female wife married

HUSBAND of  
(or) WIFE of

William H.

## 6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)

Housework

12. BIRTHPLACE (city or town)  
(State or country)

Thurmont

Md.

13. NAME

Sam Stevens

14. BIRTHPLACE (city or town)  
(State or country)

Burkettsville

Md.

15. MARIO NAME

Belva Smith

16. BIRTHPLACE (city or town)

Thurmont

Md.

17. INFORMANT

(Address)

Mrs. Philip Rayh.

Easton Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Broad Street Md. Date Sept 1, 1933

19. UNDERTAKER

(Address)

A. V. Coffey

17 Broad Street

20. FILED

8/31/33

33 Easton

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug

30

(Month)

1933

(Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

, 19\_\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_\_.; death is said

I last saw h. alive on \_\_\_\_\_, 19\_\_\_\_\_.  
to have occurred on the date stated above, at \_\_\_\_\_ m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Accidental as a  
result of a collision  
of an automobile with  
a pole

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_\_. Where did Injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

Crushed by automobile Accidental

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) \_\_\_\_\_ M. D.

(Address) \_\_\_\_\_

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever, write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

BUREAU OF THE CENSUS

BUREAU OF THE CENSUS

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

Example II

The principal cause of death and related causes of importance were as follows:

|                        | Date of onset |
|------------------------|---------------|
| Attack of epilepsy     | 1 week ago    |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08352

## 1. PLACE OF DEATH

County *Maryland*Village or City *Hagerstown*

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No. *204 Linguanor*St. *5* Ward.

Registration Dist. No.

302

No. *204 Linguanor*St. *5*

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Unknown* 4. COLOR OR RACE *W*5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)  
*Single*5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, end year) *Aug 30 33*7. AGE *Single Born* Years Months Days If LESS than  
1 day, hrs.  
or min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country) *Hagerstown*13. NAME *William b. Borletter*14. BIRTHPLACE (city or town)  
(State or country) *Hagerstown and*15. MAIDEN NAME *Beatrice Borletter*16. BIRTHPLACE (city or town)  
(State or country) *Washington County*17. INFORMANT *W b Borletter*  
(Address)18. BURIAL, CREMATION, OR REMOVAL  
Place *Premises* Date *Aug 31, 1933*19. UNDERTAKER *W b Borletter*  
(Address) *Hagerstown*20. FILED *8/31/33* *B. B. Chastenberry*  
1933 Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

*Aug 30*  
(Month)

(Day)

1933  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

, 19 , 10 , 19

I last saw h. *2* alive on *Aug 30*, 19 ; death is said  
to have occurred on the date stated above, at *11:30* a.m.  
The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Date of onset

Other Contributory Causes of importance:

*3 mo.*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) *W. A. Gordon* M. D.(Address) *Hagerstown*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                 | Date of onset |
|---------------------------------|---------------|
| Arteriosclerosis                | 1915          |
| Chronic interstitial nephritis. | 1921          |
| Cerebral hemorrhage             | July 5, 1927  |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1928 |
|------------|-------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08353

## 1. PLACE OF DEATH

County Washington  
 Village or City Hagerstown

Length of residence in city or town where death occurred yrs.

122-B

Registration Dist. No. 302No. Wash Co. Hospital, St. 3 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. 7 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No. Cleary Spring  
 (Usual place of above)

St., ✓ Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|                    |                               |   |
|--------------------|-------------------------------|---|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> |
|--------------------|-------------------------------|---|

5a. If married, widowed, or divorced  
 HUSBAND of \_\_\_\_\_  
 (or) WIFE of \_\_\_\_\_6. DATE OF BIRTH (month, day, and year) Mar 26-1868

|                        |                 |               |  |
|------------------------|-----------------|---------------|--|
| 7. AGE Years <u>65</u> | Months <u>5</u> | Days <u>4</u> | If LESS than<br>1 day, _____ hrs.<br>or _____ min. |
|------------------------|-----------------|---------------|--|

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Insurance Agent9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —10. Date deceased last worked at this occupation (month and year) Aug 21-193311. Total time (years) spent in this occupation 40 yrs.12. BIRTHPLACE (city or town)  
 (State or country) Cleary Spring13. NAME Fred. Chas Boswell14. BIRTHPLACE (city or town)  
 (State or country) Germany15. MAIDEN NAME Anna Maria Fashinacht16. BIRTHPLACE (city or town)  
 (State or country) Baltimore17. INFORMANT Miss Julia Boswell  
 (Address) Cleary Spring MD18. BURIAL, CREMATION, OR REMOVAL  
 Place Cleary Spring Date Sept 2, 193319. UNDERTAKER H.A. Cox & Son  
 (Address) Hagerstown, MD20. FILED 8/31/33 Chas H. Boardman

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug 30(Month) Aug (Day) 30 (Year) 193322. I HEREBY CERTIFY That I attended deceased from August 23, 1933, to Aug 30, 1933I last saw him alive on Aug 30, 1933; death is said to have occurred on the date stated above, at 9 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Intestinal Obstruction  
(Colic) (High)

Date of onset

Aug 23 1933

Other Contributory Causes of importance:

Chronic Cholecystitis  
Inf.

Inf.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19 \_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) B.B. Blumberg M.D.(Address) 1486 W. Park Hagerstown, MD

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |
|                                |               |
|                                |               |
|                                |               |

Example II

The principal cause of death and related causes of importance were as follows:

|                        | Date of onset |
|------------------------|---------------|
| Attack of epilepsy     | 1 week ago    |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |
|                        |               |
|                        |               |
|                        |               |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |
|            |             |
|            |             |
|            |             |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |
|                 |        |
|                 |        |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Example II

The principal cause of death and related causes of importance were as follows:

|                        | Date of onset |
|------------------------|---------------|
| Attack of epilepsy     | 1 week ago    |
| Run over by street car | 1 week ago    |

Other contributory causes of importance:

| Gallstones | May 1, 1923 |
|------------|-------------|

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08355

## 1. PLACE OF DEATH

County Washington  
 Village or City Hagerstown

Within corporate limits of  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Stillborn Child of Everett F Brining

(a) Residence: No. 725 S Potomac Street, 2 Ward.  
 (Usual place of abode)

Registration Dist. No. 302No. Wash Co Hospital St., 3 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

| PERSONAL AND STATISTICAL PARTICULARS  |  |   |  |  |
|---|--|---|--|--|
| 3. SEX <u>Male</u>  | 4. COLOR OR RACE <u>White</u>                      | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> |  |  |
| 5a. If married, widowed, or divorced<br>HUSBAND of (or) WIFE of <u>Stillborn</u>                        |  |   |  |  |
| 6. DATE OF BIRTH (month, day, and year) <u>Aug 30-1933</u>  |  |   |  |  |
| 7. AGE <u>0</u> Years <u>0</u> Months <u>0</u> Days <u>0</u>  | If LESS than 1 day, <u>0</u> hrs. or <u>0</u> min. |   |  |  |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>None</u> |  |   |  |  |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>None</u>          |  |   |  |  |
| 10. Date deceased last worked at this occupation (month and year) <u>None</u>                           |  | 11. Total time (years) spent in this occupation <u>None</u>             |  |  |
| 12. BIRTHPLACE (city or town) <u>Maryland</u><br>(State or country)                                     |  |   |  |  |
| 13. NAME <u>Everett F Brining</u>   |  |   |  |  |
| 14. BIRTHPLACE (city or town) <u>Maryland</u><br>(State or country)                                     |  |   |  |  |
| 15. MAIDEN NAME <u>Thelma Knade</u>   |  |   |  |  |
| 16. BIRTHPLACE (city or town) <u>Maryland</u><br>(State or country)                                     |  |   |  |  |
| 17. INFORMANT <u>Everett F Brining</u><br>(Address)   |  |   |  |  |
| 18. BURIAL, CREMATION, OR REMOVAL<br>Place <u>Hagerstown</u> Date <u>Aug 30, 1933</u>                   |  |   |  |  |
| 19. UNDERTAKER <u>Andrew K Coffman</u><br>(Address)   |  |   |  |  |
| 20. FILED <u>8/31/33</u> <u>Chest Fever</u><br>Registr. <u>John H. Hanesky</u>                          |  |   |  |  |

| MEDICAL CERTIFICATE OF DEATH  |  |  |  |  |
|---|--|--|--|--|
| 21. DATE OF DEATH <u>Aug</u> <u>30</u> , <u>1933</u>  |  |  |  |  |
| 22. I HEREBY CERTIFY, that I attended deceased from <u>8/30</u> , <u>1933</u> , to <u>8/30</u> , <u>1933</u> .<br>I last saw him <u>dead</u> <u>alive</u> on <u>8/30</u> , <u>1933</u> ; death is said to have occurred on the date stated above, at <u>7:30 A.M.</u> |  |  |  |  |
| The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:<br><u>Still Born - intra uterine asphyxia</u>  |  |  |  |  |
| Date of onset <u>8/30/33</u>  |  |  |  |  |
| Other Contributory Causes of importance:  |  |  |  |  |
| Name of operation <u>None</u> Date of <u>None</u>   |  |  |  |  |
| What test confirmed diagnosis? <u>Chrom</u> Was there an autopsy? <u>No</u>   |  |  |  |  |
| 23. If death was due to external causes (VIOLENCE) fill in also the following:<br>Accident, suicide, or homicide? Date of injury _____, <u>19</u> . Where did injury occur? (Specify city or town, county and State)  |  |  |  |  |
| Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.   |  |  |  |  |
| Manner of injury _____  |  |  |  |  |
| Nature of injury _____  |  |  |  |  |
| 24. Was disease or injury in any way related to occupation of deceased? <u>No</u><br>If so, specify _____   |  |  |  |  |
| (Signed) <u>J. F. Brining</u> M.D.<br>(Address) <u>700 N Calvert St., Baltimore, Md.</u>  |  |  |  |  |

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

**Example II**

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

*Authorization to change time of birth see letter filed under  
"Lusby" 7/31/54*

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08356

## 1. PLACE OF DEATH

County Washington

34

Registration Dist. No.

302

Village or City Near Hagerstown

No. Chewsville Pike

St. Ward

Length of residence in city or town where death occurred 15 yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

## 2. FULL NAME William H. Brooks

(a) Residence: No. Chewsville Pike  
(Usual place of abode)

St. ✓ Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED,<br>OR DIVORCED (write the word) |
|--------|------------------|--|
| Male   | Colored          | Married  |

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Helen Brooks

6. DATE OF BIRTH (month, day, and year) Nov. 18, 1888

7. AGE Years 44 Months 8 Days 24 If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc. Laborer9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town) Williamsport  
(State or country) Md.

13. NAME Nathaniel Brooks

14. BIRTHPLACE (city or town) Washington County  
(State or country) Md.

15. MATURE NAME Matilda Tony

16. BIRTHPLACE (city or town) Washington County  
(State or country) Md.17. INFORMANT Helen Brooks  
(Address) Near Hagerstown, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Clearspring, Md. Date Aug. 14, 1933.

19. UNDERTAKER Fred W. Kraiss,  
(Address) Hagerstown, Md.20. FILED 8-14, 1933 Chas. Brown  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

August 11, 1933  
(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from

Aug. 11, 1933, to Aug. 11, 1933

I last saw h. b. alive on Aug. 13, 1933; death is said  
to have occurred on the date stated above, at 5:30 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Date of onset

Aortic aneurysm

Other Contributory Causes of importance:

Septic hilis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Walter Jayman

M. D.

(Address) Hagerstown, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Example II

The principal cause of death and related causes of importance were as follows:

|                        | Date of onset |
|------------------------|---------------|
| Attack of epilepsy     | 1 week ago    |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |
|            |             |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08357

## 1. PLACE OF DEATH

County Washington  
Village or City Agarstow

(12)

Registration Dist. No. 302

No. 26 Fairground Ave 4 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Bertha M. Brown  
(a) Residence: No. 26 Fairground Ave, 4 Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|        |                  |   |
|--------|------------------|---|
| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
| Female | White            | Widow   |

5a. If married, widowed, or divorced  
HUSBAND (or) WIFE of

Frederick P. Brown

|   |  |
|---|--|
| 6. DATE OF BIRTH (month, day, and year) | Sept 17 <sup>th</sup> 1870                   |
| 7. AGE                                  | Years 62 Months 10 Days 16                   |
|   | If LESS than 1 day, _____ hrs. or _____ min. |

|  |   |        |
|--|---|--------|
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc. | Housework                                       |        |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.         | "   |        |
| 10. Date deceased last worked at this occupation (month and year)                          | 3/6/33  |        |
|  | 11. Total time (years) spent in this occupation | 28 yrs |

12. BIRTHPLACE (city or town)  
(State or country)

Ebensburg

13. NAME Stephen Riley  
14. BIRTHPLACE (city or town)  
(State or country)

Franklin Co Pa

MOTHER FATHER  
15. MAIDEN NAME Mary Cool  
16. BIRTHPLACE (city or town)  
(State or country)

Adams Co Pa

17. INFORMANT Blanche Brown  
(Address) 26 Fairground Ave

18. BURIAL, CREMATION, OR REMOVAL  
Place Ebensburg Date 8/5 1933

19. UNDERTAKER Caskets & Sons  
(Address) Agarstow, Md

20. FILED 8-4-1933 by Bertha Brown  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug 3, 1933

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY that I attended deceased from May 16, 1933 to Aug. 3, 1933

I last saw her alive on Aug 2, 1933; death is said to have occurred on the date stated above, at 11:25 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Aug 18 1933

## Other Contributory Causes of Importance:

Acute appendicitis  
(operated)

May 16 1933

Name of operation Appendectomy Date of op. May 16, 1933

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19-

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) B. B. Brown M. D.

(Address) Agarstow, Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Arteriosclerosis   | 1915          |
| Chronic interstitial nephritis   | 1921          |
| Cerebral hemorrhage  | July 5, 1927  |
|  |               |
|  |               |
|  |               |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Attack of epilepsy   | 1 week ago    |
| Run over by street car   | 1 week ago    |
| Peritonitis  | 3 days ago    |
|  |               |
|  |               |
|  |               |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |
|            |             |
|            |             |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |
|                 |        |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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08358

## STATE OF MARYLAND—CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County Washington County, Md.  
 Village or City Hagerstown, Md.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

(106-a)

Registration Dist. No. 302

No. 48 Blooms Ave. st. 5 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME Frank Brown

(a) Residence: No. 48 Blooms Ave.

(Usual place of abode)

St. 5 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|             |                          |  |
|-------------|--------------------------|--|
| 3. SEX Male | 4. COLOR OR RACE Colored | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single |
|-------------|--------------------------|--|

5a. If married, widowed, or divorced  
 HUSBAND of  
 (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb 22, 1864 to unknown 1873

|           |          |          |        |  |
|-----------|----------|----------|--------|--|
| 7. AGE 60 | Years 69 | Months 6 | Days / | If LESS than<br>1 day, hrs.<br>or min. |
|-----------|----------|----------|--------|--|

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc... Labor

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc...

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Webton,  
 (State or country) Va.

13. NAME Unknown

14. BIRTHPLACE (city or town) Va.  
 (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Va.  
 (State or country)

17. INFORMANT Lura Rossman  
 (Address) 48 Blooms Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Rose Hill Date Aug. 25, 1933

19. UNDERTAKER Fred W. Kraiss  
 (Address) Hagerstown, Md.

20. FILED 8/25/1933 by A. B. Wilson M. O.  
 (Address) 2433 N. Charles Street, Baltimore, Requesting U. S. No. 1

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH Aug. 23, 1933

(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from July 7, 1933, to Aug. 23, 1933. I last saw him alive on Aug. 23, 1933; death is said to have occurred on the date stated above, at 11230 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute Dilation of the heart

Date of onset

Other Contributory Causes of Importance:

Acute Bronchitis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

Specify city or town, county and State. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) A. B. Wilson M. O.

(Address) 2433 N. Charles Street, Baltimore, Requesting U. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

RECEIVED  
SEP. 6 1931  
BUREAU U. S.

Example II

The principal cause of death and related causes of importance were as follows:

|                        | Date of onset |
|------------------------|---------------|
| Attack of epilepsy     | 1 week ago    |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |

Other contributory causes of importance:

|            | Other contributory causes of importance: |        |
|------------|--|--------|
| Gallstones | Gastroenteritis                          | 1 year |
|            |  |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

For authorization of date of birth see certificate filed under Rossman

## MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08359

## 1. PLACE OF DEATH

County Washington

Village or City Woodpoint -near Hagerstown No.

Registration Dist. No. 303

St. ✓ Ward

Length of residence in city or town where death occurred

yrs. 1 mos. 11 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Catherine Jane Burgen

(a) Residence: No.

Same

St. ✓ Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE  
female white5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)  
Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

XXXXXX

6. DATE OF BIRTH (month, day, and year)

July 20. 1933

7. AGE

| Years | Months | Days | If LESS than<br>1 day, _____ hrs.<br>or _____ min. |
|-------|--------|------|--|
|       | 1      | 11   |  |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  
none
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)

Hagerstown Md

MOTHER FATHER

13. NAME Loyd Burgen

Huyetts Md

14. BIRTHPLACE (city or town)  
(State or country)

15. MAIDEN NAME Margaret Davis

16. BIRTHPLACE (city or town)  
(State or country)

Lippens Md

17. INFORMANT Loyd Burgen

(Address)

Hagerstown Md. R. S. D.

18. BURIAL, CREMATION, OR REMOVAL

Place

Booneboro Md

Date Sept. 1, 1933

19. UNDERTAKER Albert Leaf

(Address)

Williamsport Md.

20. FILED

8/31/1933 Chester County

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug. 31, 1933

(Month)

(Day)

193

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Aug. 26, 1933, to Aug 31, 1933. I last saw him alive on Aug 26, 1933; death is said to have occurred on the date stated above, at 6 A. M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Child found dead in bed. With history of the type of case that developed after he ate the child & an opinion of a Pertussis infection

Other Contributory Causes of Importance: PERTUSSIS

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) M. O. Williamsport Md.

(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                |            |
|--------------------------------|------------|
| Arteriosclerosis               | RECEIVED   |
| Chronic interstitial nephritis |            |
| Cerebral hemorrhage            | SEP 6 1931 |

Date of onset

1915

1921

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08360

## 1. PLACE OF DEATH

County ~~WITHIN CORPORATE LIMITS~~Village or City ~~TOWNSHIP~~

Hagerstown

Registration Dist. No.

302

St. 5 Ward

No. 417 Mulberry Ave

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME *unnamed child of Presley Carl*

(a) Residence: No.

417 Mulberry Ave

St. 5 Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|             |                  |   |
|-------------|------------------|---|
| 3. SEX      | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
| <i>Male</i> | <i>W</i>         | <i>Singer</i>   |

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

|   |                |           |          |  |
|---|----------------|-----------|----------|--|
| 6. DATE OF BIRTH (month, day, and year) | <i>Aug 8th</i> |           |          |  |
| 7. AGE                                  | Years          | Months    | Days     | If LESS than<br>1 day, _____ hrs.<br>or _____ min. |
| <i>80</i>                               | <i>July</i>    | <i>19</i> | <i>0</i> | <i>0</i>   |

|   |   |
|---|---|
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | 11. Total time (years) spent in this occupation |
| <i>None</i>   | <i>1</i>  |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.          |   |
| 10. Date deceased last worked at this occupation (month and year)                           |   |

|   |                      |
|---|----------------------|
| 12. BIRTHPLACE (city or town)<br>(State or country) | <i>Hagerstown MD</i> |
|---|----------------------|

|          |                     |
|----------|---------------------|
| 13. NAME | <i>Presley Carl</i> |
|----------|---------------------|

|   |                      |
|---|----------------------|
| 14. BIRTHPLACE (city or town)<br>(State or country) | <i>Hagerstown MD</i> |
|---|----------------------|

|                 |                      |
|-----------------|----------------------|
| 15. MAIDEN NAME | <i>Lelia Bartgis</i> |
|-----------------|----------------------|

|   |                        |
|---|------------------------|
| 16. BIRTHPLACE (city or town)<br>(State or country) | <i>Woolsthorpe Eng</i> |
|---|------------------------|

|               |                     |
|---------------|---------------------|
| 17. INFORMANT | <i>Presley Carl</i> |
| (Address)     | <i>Hagerstown</i>   |

|                                   |   |
|-----------------------------------|---|
| 18. BURIAL, CREMATION, OR REMOVAL | Place <i>Premises</i> Date <i>Aug 8, 1933</i> |
|-----------------------------------|---|

|                |                     |
|----------------|---------------------|
| 19. UNDERTAKER | <i>Presley Carl</i> |
| (Address)      | <i>Hagerstown</i>   |

|           |                            |
|-----------|----------------------------|
| 20. FILED | <i>8-8-33 Death Bowers</i> |
|-----------|----------------------------|

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

*Aug 8*

(Month)

, 1933 (Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

19 \_\_\_\_\_ to

19 \_\_\_\_\_

I last saw h. *alive* on *Aug 8*, 19 \_\_\_\_\_; death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Heart attack*

Other Contributory Causes of importance:

*Chronic*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) *M. A. Gordon* M. D.(Address) *Hagerstown MD*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I

The principal cause of death and related causes of importance were as follows:

| Arteriosclerosis               | SEP 18 1923 | Date of onset |
|--------------------------------|-------------|---------------|
| Chronic interstitial nephritis |             | 1921          |
| Cerebral hemorrhage            | BUREAU V    | July 5, 1927  |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08361

## 1. PLACE OF DEATH

County Washington

Village or City Sharpsburg

Length of residence in city or town where death occurred

yrs. 7 mos. 16 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Howard Walter Clinton F Carpenter

(a) Residence: No.

No.

Registration Dist. No.

300

St. Ward

Howard Walter

How long in U.S. if of foreign birth? yrs. mos. ds.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Single

5e. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Single

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than  
7 16 1 day, hrs.  
or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

Maryland

13. NAME Clinton F Carpenter

14. BIRTHPLACE (city or town)

(State or country)

Maryland

15. MAIDEN NAME Alice Metz

16. BIRTHPLACE (city or town)

(State or country)

Maryland

17. INFORMANT

(Address)

Clinton F Carpenter

Place Hagerstown Date Aug 29, 1933

Place Hagerstown Date Aug 29, 1933

Place Hagerstown Date Aug 29, 1933

18. BURIAL, CREMATION, OR REMOVAL

Place

Hagerstown Date Aug 29, 1933

(Address)

Hagerstown Date Aug 29, 1933

(Address)&lt;/

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |
|                                |               |
|                                |               |

Example II

The principal cause of death and related causes of importance were as follows:

|                        | Date of onset |
|------------------------|---------------|
| Attack of epilepsy     | 1 week ago    |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |
|                        |               |
|                        |               |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |
|            |             |
|            |             |
|            |             |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |
|                 |        |
|                 |        |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

*Authorization for change of name see back certificate. G.*

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08362

## 1. PLACE OF DEATH

County Washington  
 Village or City Hagerstown

Length of residence in city or town where death occurred 5 yrs.

82-a

Registration Dist. No.

3021

St. 4 Ward

No. 111 East Five

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of time in U. S. if of foreign birth? yrs. mos. ds.

yrs. mos. ds.

## 2. FULL NAME

Charles L. Castle(a) Residence: No. 111 East Five

St. 4 Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male White | 4. COLOR OR RACE MarriedS. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

5. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofFannie.

6. DATE OF BIRTH (month, day, and year)

Jan. 10 - 1861

7. AGE Years 72 Months 6 Boys 30 If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc. Insurance Agent9. Industry or business in which work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at this occupation (month and year) Aug. 1 - 193311. Total time (years) spent in this occupation 34 yrs12. BIRTHPLACE (city or town)  
(State or country)Brownsville Pa.13. NAME Cornelius W. Castle14. BIRTHPLACE (city or town)  
(State or country)Brownsville Pa.15. MAIDEN NAME Ann Ruth Blessing16. BIRTHPLACE (city or town)  
(State or country)Brownsville Pa.17. INFORMANT Mr. Andrew Castle  
(Address) Hagerstown, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Hagerstown, Md. Date Aug. 11, 193319. UNDERTAKER R.K. Coffman  
(Address) Hagerstown, Md.20. FILED 8-10 - 1933 Half H. Baileys

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug 9  
(Month)  
(Day)1933  
(Year)22. I HEREBY CERTIFY, That I attended deceased from Aug. 2, 1933, to Aug. 9, 1933.I last saw him alive on Aug. 9, 1933; death is said to have occurred on the date stated above, at 6:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset  
Aug. 3

Other Contributory Causes of importance:

Hemorrhage

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) A. L. Blessing M. D.(Address) Hagerstown, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

## Example II

The principal cause of death and related causes of importance were as follows:

|                        | Date of onset |
|------------------------|---------------|
| Attack of epilepsy     | 1 week ago    |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08363

## 1. PLACE OF DEATH

County *Maryland* (1248) Registration Dist. No. *316*  
 Village or City *Baltimore Near Keedysville* St. *Ward*  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred *5 yrs.* mos. *ds.* How long in U.S. if of foreign birth? *ys.* mos. *ds.*

2. FULL NAME *Leemuel H. Cline*

(a) Residence: No. *Keedysville Md.* St. — Ward.  
 (Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|                    |                               |   |
|--------------------|-------------------------------|---|
| 3. SEX <i>Male</i> | 4. COLOR OR RACE <i>White</i> | 5. SINGLED, MARRIED, WIDOWED,<br>OR DIVORCED (write the word)<br><i>Married</i> |
|--------------------|-------------------------------|---|

5a. If married, widowed, or divorced  
HUSBAND of  
*(or wife)*

*Lillie B. Cline*

6. DATE OF BIRTH (month, day, end year) *December - 4 - 1864*

|                        |                 |                |  |
|------------------------|-----------------|----------------|--|
| 7. AGE Years <i>66</i> | Months <i>8</i> | Days <i>15</i> | If LESS than<br>1 day, _____ hrs.<br>or _____ min. |
|------------------------|-----------------|----------------|--|

|  |   |
|--|---|
| 8. Trade, profession, or particular<br>kind of work done, as SPINNER,<br>SAWYER, BOOKKEEPER, etc.<br><i>Farmer</i> | 11. Total time (years)<br>spent in this<br>occupation <i>Life</i> |
|--|---|

|   |
|---|
| 9. Industry or business in which<br>work was done, as SILK MILL,<br>SAW MILL, BANK, etc.<br><i>Own Farm</i> |
|---|

|   |
|---|
| 10. Date deceased last worked at<br>this occupation (month and<br>year) <i>Jan - 1 - 1931</i> |
|---|

|  |
|--|
| 12. BIRTHPLACE (city or town)<br>(State or country) <i>Baltimore<br/>Wash. Co. Md.</i> |
|--|

|                                |
|--------------------------------|
| 13. NAME <i>Hezekiah Cline</i> |
|--------------------------------|

|   |
|---|
| 14. BIRTHPLACE (city or town)<br>(State or country) <i>W. alfsville<br/>Fred. Co. Md.</i> |
|---|

|                                       |
|---------------------------------------|
| 15. MAIDEN NAME <i>Barbara Marker</i> |
|---------------------------------------|

|   |
|---|
| 16. BIRTHPLACE (city or town)<br>(State or country) <i>W. alfsville<br/>Fred. Co. Md.</i> |
|---|

|   |
|---|
| 17. INFORMANT <i>Mrs. Lillie B. Cline</i> |
|---|

|                                  |
|----------------------------------|
| (Address) <i>Keedysville Md.</i> |
|----------------------------------|

|                                   |
|-----------------------------------|
| 18. BURIAL, CREMATION, OR REMOVAL |
|-----------------------------------|

|   |
|---|
| Place <i>Baltimore</i> Date <i>Aug. 22 - 1933</i> |
|---|

|  |
|--|
| 19. UNDERTAKER <i>Wm J. Beck &amp; Son</i> |
|--|

|                                |
|--------------------------------|
| (Address) <i>Baltimore Md.</i> |
|--------------------------------|

|  |
|--|
| 20. FILED <i>Aug 21, 1933</i> <i>R.A. Gentry</i> |
|--|

|           |
|-----------|
| Registrar |
|-----------|

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH *August - 1933*

(Month) *Aug.* (Day) *19* (Year) *1933*

22. I HEREBY CERTIFY That I attended deceased from *Oct. 14<sup>th</sup>*, 1931, to *Aug. 19<sup>th</sup>*, 1933; death is said

I last saw him alive on *Aug. 15<sup>th</sup>*, 1933; death is said to have occurred on the date stated above, at *4:50 p.m.*

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Peritonitis of Liver*

Date of onset  
*1931*

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify \_\_\_\_\_

(Signed) *Hydeot Park* M. D.

(Address) *Somers Point, N.J.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Arteriosclerosis   | 1915          |
| Chronic interstitial nephritis   | 1921          |
| Cerebral hemorrhage  | July 5, 1927  |
|  |               |
|  |               |
|  |               |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset                            |
|--|--|
| Attack of epilepsy   | 1 week ago                               |
| Run over by street car   | 1 week ago                               |
| Peritonitis  | 3 days ago                               |
|  |  |
|  |  |
|  |  |
| Other contributory causes of importance:                                       | Other contributory causes of importance: |
| Gallstones   | Gastroenteritis                          |
|  |  |
|  |  |
|  |  |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

08364

## 1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

yrs.

No.

Registration Dist. No.

300

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)5a. If married, widowed, or divorced  
HUSBAND OF  
(or) WIFE OF

6. DATE OF BIRTH (month, day, and year)

Aug 27, 1933

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years)  
spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

13. NAME

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

(State or country)

17. INFIRMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19.

19. UNDERTAKER

(Address)

20. FILED

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug

84

1933

## 22. HEREBY CERTIFY, That I attended deceased from

At birth, to , 19 ; death is said

I last saw h. alive on

to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Miscarriage  
4 1/2 months.

Date of onset

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury , 19

Where did Injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08365

## 1. PLACE OF DEATH

County

Washington

Village or City

Cantabtown

No.

Registration Dist. No. 300

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

5a. If married, widowed, or divorced

HUSBAND OF  
(or) WIFE OF

6. DATE OF BIRTH (month, day, and year)

8-7-35

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

Arle Crust

MOTHER

FATHER

Franklin Co.

13. NAME

Arle Crust

14. BIRTHPLACE (city or town)

(State or country)

Franklin Co.

15. MAIDEN NAME

Blanche Ray

16. BIRTHPLACE (city or town)

(State or country)

Franklin Co.

17. INFORMANT

(Address)

Arle Crust

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19.

19. UNDERTAKER

(Address)

20. FILED

(Address)

8/1

1935

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Walter H. Shealy  
Spartisbury, D. C.  
(Signed) (Address)

(Signed)

(Address)

1935

## 21. DATE OF DEATH

8  
(Month)5  
(Day)1935  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Last seen he alive on \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Death in flues  
7 months.

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) \_\_\_\_\_

(Address) \_\_\_\_\_

(Address) \_\_\_\_\_

(Address) \_\_\_\_\_

(Address) \_\_\_\_\_

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

## Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08366

## 1. PLACE OF DEATH

County Washington

Village or City Near Sharpsburg

183

Registration Dist. No. 300

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Thomas Edwin Cross

(a) Residence: No. Ruby Avenue-Hagerstown, St. Md. Ward.  
(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|             |                          |   |
|-------------|--------------------------|---|
| 3. SEX Male | 4. COLOR OR RACE Colored | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br>Single |
|-------------|--------------------------|---|

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) September 8, 1912

|                 |           |        |  |
|-----------------|-----------|--------|--|
| 7. AGE Years 20 | Months 11 | Days 5 | If LESS than<br>1 day, hrs.<br>or min. |
|-----------------|-----------|--------|--|

|  |   |
|--|---|
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc. | Boot Black                                      |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.         |   |
| 10. Date deceased last worked at this occupation (month and year)                          | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town) Sharpsburg  
(State or country) Md.

13. NAME Leo Cross

14. BIRTHPLACE (city or town) Sharpsburg  
(State or country) Md.

15. MAIDEN NAME Anna Monroe

16. BIRTHPLACE (city or town) Sharpsburg  
(State or country) Md.17. INFORMANT Leo Cross,  
(Address) Hagerstown, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Sharpsburg, Md. Date Aug. 16, 1933.19. UNDERTAKER Fred W. Kraiss,  
(Address) Hagerstown, Md.20. FILED 8/15, 1933 Eel. J. Boagee  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

August 13, 1933.  
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

, 19 , to , 19 .

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at 5:00 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

accidental drowning  
in Potomac river

Date of onset

## Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19 .

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

accidental drowning in Potomac River

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank H. Thomas, Jr. of D.  
(Address) Sharpsburg, Md. M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Example II

The principal cause of death and related causes of importance were as follows:

|                        | Date of onset |
|------------------------|---------------|
| Attack of epilepsy     | 1 week ago    |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08367

## 1. PLACE OF DEATH

County Washington

Village or City Hagerstown,  
WITHIN CORPORATE LIMITS

Length of residence in city or town where death occurred yrs. 6 mos. 8 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

Registration Dist. No. 302

Washington County Hospital 3 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME Richard Belmont Cunningham

(a) Residence: No. Near Chewsville, Md. St. ✓ Ward.  
(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|             |                        |  |
|-------------|------------------------|--|
| 3. SEX Male | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word)<br>Single |
|-------------|------------------------|--|

Sa. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feby. 20, 1933.

|              |        |      |  |
|--------------|--------|------|--|
| 7. AGE Years | Months | Days | If LESS than<br>1 day, _____ hrs.<br>or _____ min. |
|              | 6      | 8    |  |

8. Trade, profession, or particular kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc. Infant Child

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chewsville  
(State or country) Md.

13. NAME Herbert Cunningham

14. BIRTHPLACE (city or town) Bridgewater  
(State or country) Va.

15. MAIDEN NAME Mary Shilling

16. BIRTHPLACE (city or town) Washington County  
(State or country) Md.17. INFORMANT Herbert Cunningham,  
(Address) Chewsville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Chewsville, Md. Date Aug. 30, 1933

19. UNDERTAKER Fred W. Kraiss,  
(Address) Hagerstown, Md.20. FILED 8/29/33 by A. S. Stoner,  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH August 28,

(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Aug 19, 1933, to Aug 28, 1933.

I last saw him alive on Aug 28, 1933; death is said to have occurred on the date stated above at 2:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute infectious diarrhea

Date of onset Aug 17

Other Contributory Causes of importance:

Gastritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Laboratory Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) A. S. Stoner  
(Address) Hagerstown, Md. M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

Example II

The principal cause of death and related causes of importance were as follows:

|                        | Date of onset |
|------------------------|---------------|
| Attack of epilepsy     | 1 week ago    |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08368

## 1. PLACE OF DEATH

County Washington  
Village or City Hagerstown

52a

Registration Dist. No. 302

302

St. 4 Ward

No. 329 Valley Rd., St. 4 Ward  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Mrs. Mary Jane Daley

(a) Residence: No. 329 Valley Rd. St. 4 Ward.  
(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|               |                        |  |
|---------------|------------------------|--|
| 3. SEX Female | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow. |
|---------------|------------------------|--|

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of Oscar m.

|   |             |      |  |
|---|-------------|------|--|
| 6. DATE OF BIRTH (month, day, and year) | Sept 1-1850 |      |  |
| 7. AGE Years                            | Months      | Days | If LESS than<br>1 day, _____ hrs.<br>or _____ min. |
| 82                                      | 11          | 30   |  |

|   |             |
|---|-------------|
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | Housewife   |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.          |             |
| 10. Date deceased last worked at this occupation (month and year)                           | Aug 14-1933 |
| 11. Total time (years) spent in this occupation   | 50 yrs.     |

12. BIRTHPLACE (city or town)  
(State or country)

13. NAME Samuel Stauffer

14. BIRTHPLACE (city or town)  
(State or country)

15. MAIDEN NAME Harriett Bline.

16. BIRTHPLACE (city or town)  
(State or country)

17. INFORMANT W. C. Daley  
(Address) Hagerstown, Md.

18. BURIAL, CREMATION, OR REMOVAL (Indicate)  
Place Hagerstown Date Sept 2, 1933

19. UNDERTAKER A. J. Cox & Son  
(Address) Hagerstown, Md.

20. FILED 9-1-1933 by Health Board  
Registrars

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH Aug. 31-

(Month) (Day), 1933 (Year)

22. I HEREBY CERTIFY That I attended deceased from

Aug 15, 1933, to Aug 31, 1933

I last saw her alive on Aug 31, 1933; death is said to have occurred on the date stated above, at 5 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arterio Sclerosis

Date of onset

Other Contributory Causes of importance:

Cerebral Hemorrhage

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Data of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ✓

Nature of Injury ✓

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Anna Drinker M.D.  
(Address) Hagerstown, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|  | Date of onset |  |
|--|---------------|--|
| Arteriosclerosis                         | 1915          |  |
| Chronic interstitial nephritis           | 1921          |  |
| Cerebral hemorrhage                      | July 5, 1927  |  |
|  |               |  |
|  |               |  |
| Other contributory causes of importance: |               |  |
| Gallstones                               | May 1, 1928   |  |
|  |               |  |
|  |               |  |

Example II

The principal cause of death and related causes of importance were as follows:

|  | Date of onset |  |
|--|---------------|--|
| Attack of epilepsy                       | 1 week ago    |  |
| Run over by street car                   | 1 week ago    |  |
| Peritonitis                              | 3 days ago    |  |
|  |               |  |
|  |               |  |
| Other contributory causes of importance: |               |  |
| Gastroenteritis                          | 1 year        |  |
|  |               |  |
|  |               |  |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08369

## 1. PLACE OF DEATH

County Washington

Village or City Near Downsville Md

822

Registration Dist. No.

311

St., Ward

Length of residence in city or town where death occurred lifNo. (If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Henry Davis

(a) Residence: No. Same

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|        |                  |   |
|--------|------------------|---|
| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
| male   | white            | widowed   |

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Lizzie L Long

6. DATE OF BIRTH (month, day, and year)

|        |       |        |      |  |
|--------|-------|--------|------|--|
| 7. AGE | Years | Months | Days | If LESS than<br>1 day, _____ hrs.<br>or _____ min. |
|        | 85    | 8      | 9    |  |

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Thresherman10. Date deceased last worked at this occupation (month and year) 1913 11. Total time (years) spent in this occupation 2512. BIRTHPLACE (city or town) Maryland (State or country) Isaac Davis13. NAME Sallie Bowers14. BIRTHPLACE (city or town) Maryland (State or country) 15. MAIDEN NAME Sallie Bowers16. BIRTHPLACE (city or town) Virginia (State or country) 17. INFORMANT Grafton Downs (Address) Downsville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Manor Cemetery Date Aug. 18 19 3319. UNDERTAKER Albert Leaf (Address) Williamsport Md20. FILED Aug 18, 1933 J. S. Bloom Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug. 16, 1933

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1933, to Aug 16, 1933; death is saidI last saw him alive on Aug 16, 1933; death is said to have occurred on the date stated above, at 10 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Senile arteriosclerosis  
followed by  
cardinal hemorrhage  
and Paraplegia

Date of onset

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Q. D. Le shee  
(Address) Williamsport Md M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: |               |
|--|---------------|
|  | Date of onset |
| Arteriosclerosis   | 1915          |
| Chronic interstitial nephritis   | 1921          |
| Cerebral hemorrhage  | July 5, 1927  |
|  |               |
|  |               |

Example II

| The principal cause of death and related causes of importance were as follows: |               |
|--|---------------|
|  | Date of onset |
| Attack of epilepsy   | 1 week ago    |
| Run over by street car   | 1 week ago    |
| Peritonitis  | 3 days ago    |
|  |               |
|  |               |
| Other contributory causes of importance:                                       |               |
| Gallstones   | May 1, 1928   |
| Gastroenteritis  | 1 year        |
|  |               |
|  |               |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08370

## 1. PLACE OF DEATH

County Washington  
Village or City Hagerstown

Length of residence in city or town where death occurred

92-2

(If death occurred in a hospital or institution, give its NAME instead of street and number)  
N<sup>o</sup> 430 Paxton Fire St., S Ward2. FULL NAME Daniel F. Dayton(a) Residence: No. 430 Paxton Fire St., S Ward.  
(Usual place of abode)Registration Dist. No. 302

Ward

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male White

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofMartha B.

## 6. DATE OF BIRTH (month, day, and year)

March 3 - 18557. AGE Years 78 Months 5 Days 24 If LESS than  
1 day, \_\_\_\_\_. hrs.  
or \_\_\_\_\_. min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

Aug 26 - 193311. Total time (years) spent in this occupation 20 yrs12. BIRTHPLACE (city or town)  
(State or country)York Pa.13. NAME Hezekiah Dayton.14. BIRTHPLACE (city or town)  
(State or country)York Pa.15. MAIDEN NAME Elizabeth Shafer.16. BIRTHPLACE (city or town)  
(State or country)York Pa.17. INFORMANT Mrs D. F. Dayton  
(Address) Hagerstown Md18. BURIAL, CREMATION, OR REMOVAL  
Place Hagerstown Md Date Aug 29 193319. UNDERTAKER A.K. Coffman  
(Address) Hagerstown Md20. FILED 8/28/33 Class 5 Class 5

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug 21, 1933  
(Month) (Day) (Year)22. I HEREBY CERTIFY. That I attended deceased from Aug 25, 1933, to Aug 27, 1933I last saw him alive on Aug 25, 1933; death is said to have occurred on the date stated above, at 4:20 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Valvular Heart Disease

Other Contributory Causes of Importance:

Indigestion & Constipation

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) M. A. Gordon  
(Address) Hagerstown Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1928 |
|            |             |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08371

## 1. PLACE OF DEATH

County

Washington

Village or City

Big Bend Md



Registration Dist. No.

303

St.

Ward

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence No.

James E. Gogelberger

Big Bend Md St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (Write the word)

6. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Aug. 17<sup>th</sup>, 1933

7. AGE

Years

Months

Days

IF LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

Big Bend

MOTHER FATHER

13. NAME

Garrett E. Gogelberger

14. BIRTHPLACE (city or town)

(State or country)

Big Bend

15. MAIDEN NAME

Helen V. Ross

16. BIRTHPLACE (city or town)

(State or country)

Baltimore

17. INFORMANT

(Address)

Mrs. Garrett E. Gogelberger

18. BURIAL, CREMATION, OR REMOVAL

Place

At Home

Date

Aug. 18<sup>th</sup>, 1933

19. UNDERTAKER

(Address)

Garrett E. Gogelberger

20. FILED

Date

Aug. 18, 1933

Name

J. W. Murray

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug. 17<sup>th</sup>, 1933  
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Aug. 17<sup>th</sup>, 1933 to Aug. 17<sup>th</sup>, 1933I last saw him alive on \_\_\_\_\_; death is said  
to have occurred on the date stated above, at \_\_\_\_\_ m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Date of onset  
Garrett E. Gogelberger  
Helen V. Ross

## Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

Date \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Jonathan P. Perry, M. D.

(Address) 57 Spring Hill

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Example II

The principal cause of death and related causes of importance were as follows:

|                        | Date of onset |
|------------------------|---------------|
| Attack of epilepsy     | 1 week ago    |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08372

## 1. PLACE OF DEATH

County Washington Registration Dist. No. 502  
 Village or City 76 Agnewtown No. Wash. Co Hospital St. 3 Ward 3  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S. if of foreign birth? — yrs. — mos. — ds.

## 2. FULL NAME

John J. Fitzgerald  
 (a) Residence No. 117 Winter St. 5 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|   |                  |  |      |  |
|---|------------------|--|------|--|
| 3. SEX  | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED,<br>OR DIVORCED (write the word) |      |  |
| <u>Male</u>   | <u>White</u>     | <u>Married</u>   |      |  |
| 5a. If married, widowed, or divorced<br>HUSBAND of<br><u>Mary M. Fitzgerald</u> |                  |  |      |  |
| 6. DATE OF BIRTH (month, day, and year)   |                  |  |      |  |
| 7. AGE  | Years            | Months   | Days | If LESS than<br>1 day, _____ hrs.<br>or _____ min. |

|            |   |                   |
|------------|---|-------------------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | <u>Blacksmith</u> |
|            | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.          | <u>W. M. R.R.</u> |
|            | 10. Date deceased last worked at this occupation (month and year)                           | <u>4/1/33</u>     |
|            | 11. Total time (years) spent in this occupation   | <u>life</u>       |

|               |   |                          |
|---------------|---|--------------------------|
| MOTHER FATHER | 12. BIRTHPLACE (city or town)<br>(State or country) | <u>Washington</u>        |
|               | 13. NAME  | <u>John Fitzgerald</u>   |
|               | 14. BIRTHPLACE (city or town)<br>(State or country) | <u>Ireland</u>           |
|               | 15. MAIDEN NAME                                     | <u>Eileen Fitzgerald</u> |
|               | 16. BIRTHPLACE (city or town)<br>(State or country) | <u>Ireland</u>           |

|  |   |
|--|---|
| 17. INFIRMARY<br>(Address)                 | <u>Mary M. Fitzgerald</u>                         |
| 18. BURIAL, CREMATION, OR REMOVAL<br>Place | <u>Wash. D.C.</u> Date <u>8/10</u> , 19 <u>33</u> |

|                             |                                   |
|-----------------------------|-----------------------------------|
| 19. UNDERTAKER<br>(Address) | <u>Caskets for You</u>            |
| 20. FILED                   | <u>8-8-33</u> Class <u>Burial</u> |

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug 8  
 (Month) Aug (Day) 8 (Year) 1933

22. I HEREBY CERTIFY. That I attended deceased from Aug 3, 1933, to Aug 8, 1933; death is said

I last saw h. in alive on Aug 7, 1933; death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Blacksmith balvular disease J. Heart  
 Date of onset \_\_\_\_\_  
 Other Contributory Causes of importance: anemic nephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) M.D. Fitzgerald M. D.  
 (Address) 76 Agnewtown Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08373

304

## 1. PLACE OF DEATH

County Wash.

Village or City Hancocock

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

St.

Ward

yrs.

mos.

ds.

## 2. FULL NAME Dorothy Almeda Flowers

(a) Residence: No. P. H. & Hancocock St.,  
(Usual place of abode)

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

S

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Aug 4 1933

7. AGE Years

Months

Days

If LESS than  
1 day, hrs.  
or min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

none

Date of onset

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

Hancocock, Md.

(State or country)

## MOTHER FATHER

13. NAME Loney E. Flowers

14. BIRTHPLACE (city or town) Wash. Co. Md.

(State or country)

15. MAIDEN NAME Marie Powell

16. BIRTHPLACE (city or town) Allegany Co. Md.

(State or country)

## 17. INFORMANT

Loney E. Flowers  
(Address) Hancocock, Md.

## 18. BURIAL, CREMATION, OR REMOVAL

Place Rogers Heights, Date 8/6, 1933

## 19. UNDERTAKER

T. J. Jenkins  
(Address) Hancocock, Md.

## 20. FILED

8/10, 1933 T. J. Jenkins  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug 5  
(Month) (Day)1933  
(Year)

## 22. I HEREBY CERTIFY. That I attended deceased from

Aug 4, 1933, to Aug 5, 1933

I last saw her alive on Aug 4, 1933; death is said  
to have occurred on the date stated above, at 11 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Premature birth  
about 8th month

## Other Contributing Causes of Importance

Mother fell several times  
feed producing  
premature confinement

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? 240

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. E. Jenkins  
(Address) Hancocock, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                |                       |
|--------------------------------|-----------------------|
| Arteriosclerosis               | Date of onset<br>1915 |
| Chronic interstitial nephritis | 1921                  |
| Cerebral hemorrhage            | July 5, 1927          |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                        |                             |
|------------------------|-----------------------------|
| Attack of epilepsy     | Date of onset<br>1 week ago |
| Run over by street car | 1 week ago                  |
| Peritonitis            | 3 days ago                  |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08374

## 1. PLACE OF DEATH

County Washington  
 Village or City Hagerstown

Length of residence in city or town where death occurred 56 yrs.No. 68 East are St., 4 Ward  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME

(a) Residence: No. 68 East are St., 4 Ward.  
 (Usual place of abode)

Registration Dist. No. 502

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

## 4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (check the word)

Sa. If married, widowed, or divorced

HUSBAND of  
(or WIFE)

## 6. DATE OF BIRTH (month, day, and year)

|        |                 |                  |               |  |
|--------|-----------------|------------------|---------------|--|
| 7. AGE | Years <u>86</u> | Months <u>10</u> | Days <u>7</u> | IF LESS than<br>1 day, _____ hrs.<br>or _____ min. |
|--------|-----------------|------------------|---------------|--|

## OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

## 12. BIRTHPLACE (city or town)

(State or country)

## 13. NAME

MOTHER FATHER

## 14. BIRTHPLACE (city or town)

(State or country)

## 15. MAIDEN NAME

## 16. BIRTHPLACE (city or town)

(State or country)

## 17. INFORMANT

(Address)

## 18. BURIAL, CREMATION, OR REMOVAL

Place Hagerstown Date 12/12/33

## 19. UNDERTAKER

(Address)

## 20. FILED

(Address)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

August 9, 1933  
 (Month) (Day) (Year)

## 22. I HEREBY CERTIFY That I attended deceased from

July 23, 1933 to August 9, 1933  
 I last saw him alive on August 9, 1933; death is said to have occurred on the date stated above, at 8:30 A.M.  
 The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:Internal hemorrhage July 23, 1933

Other Contributory Causes of importance:

Cerebral arteriosclerosis July

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) B. B. Shuler, Jr. M. D.(Address) Hagerstown, Md.

Registrar.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08375

## 1. PLACE OF DEATH

County Washington  
 Village or City Hagerstown

82-2

Registration Dist. No. 502No. 117 W. Franklin St., 5 Ward 5  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.2. FULL NAME Abraham H. Foreman(a) Residence: No. 117 W. Franklin St., 5 Ward.  
 (Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Male White married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofCordelia Foreman

6. DATE OF BIRTH (month, day, and year)

Feb 26, 1849

7. AGE

Years 84Months 5Days 11If LESS than  
1 day, hrs.  
or min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)7/1/3311. Total time (years)  
spent in this  
occupation 17 yrs12. BIRTHPLACE (city or town)  
(State or country)13. NAME Daniel Foreman14. BIRTHPLACE (city or town)  
(State or country)15. MAIDEN NAME Lucinda Fury16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT  
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Graeme Castle Pa Date 8/9, 193319. UNDERTAKER  
(Address)20. FILED 8-8-1933 by Mrs. Powers

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

8  
(Month)7<sup>th</sup>  
(Day), 1933  
(Year)

22. I HEREBY CERTIFY That I attended deceased from

July 26, 1933, to August 7, 1933; death is said

to have occurred on the date stated above, at 9 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Cerebral hemorrhage  
(hemiplegia)Date of onset  
7/26/33

Other Contributory Causes of Importance:

Heart failureDate of  
8/6/33

Name of operation \_\_\_\_\_ Data of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) J. H. Norman M. D.(Address) Hagerstown, Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| Arteriosclerosis               | Date of onset |
|--------------------------------|---------------|
|                                | 1915          |
| Chronic interstitial nephritis | 1921          |

Date of onset

1915

1921

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

|                        |               |
|------------------------|---------------|
| Attack of epilepsy     | Date of onset |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |

Date of onset

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

|            |               |
|------------|---------------|
| Gallstones | Date of onset |
|            | May 1, 1923   |

Other contributory causes of importance:

|                 |               |
|-----------------|---------------|
| Gastroenteritis | Date of onset |
|                 | 1 year        |

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08376

## 1. PLACE OF DEATH

County Washington Co.

95-3

Registration Dist. No. 302

Village or City Near Beavercreek and

St. Ward

Length of residence in city or town where death occurred 6 yrs. 6 mos. 6 ds. How long in U.S. if of foreign birth? 6 yrs. 6 mos. 6 ds.

## 2. FULL NAME Mr. Adam. Forrest

(a) Residence: No. Near Beavercreek  
(Usual place of abode)

St. ✓ Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|             |                        |   |
|-------------|------------------------|---|
| 3. SEX Male | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married |
|-------------|------------------------|---|

5a. If married, widowed, or divorced  
HUSBAND of Ida. Forrest  
(or) WIFE of

6. DATE OF BIRTH 1-7 1856

|                 |          |        |  |
|-----------------|----------|--------|--|
| 7. AGE Years 77 | Months 6 | Days 8 | IF LESS than<br>1 day, ____ hrs.<br>or ____ min. |
|-----------------|----------|--------|--|

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 8/1/33

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Gayfield and  
(State or country) Fred. Co.

13. NAME Samuel. Forrest

14. BIRTHPLACE (city or town) Gayfield and  
(State or country) Fred. Co.

15. MAIDEN NAME Susan Dusing

16. BIRTHPLACE (city or town) Pleasant. Md.  
(State or country) Fred. Co and17. INFORMANT Mrs. Ida. Forrest  
(Address) Hagerstown, Md. R.F.D.18. BURIAL, CREMATION, OR REMOVAL  
Place Beavercreek Cemt. Date Aug 19th, 193319. UNDERTAKER Geo. B. Johnson  
(Address) Smithsburg and

20. FILED 8-18-33 (Signed) (Address)

## 21. DATE OF DEATH

Aug 17  
(Month) (Day), 1933  
(Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

19\_\_\_\_, to 19\_\_\_\_; death is said

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; death is said  
to have occurred on the date stated above, at \_\_\_\_\_ a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Heart trouble  
and old ageL. D. Hershberger, Jr.  
(Coroner)

Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicida, or homicida? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) \_\_\_\_\_

M. O.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                |              |
|--------------------------------|--------------|
| Arteriosclerosis               | 1915         |
| Chronic interstitial nephritis | 1921         |
| Cerebral hemorrhage            | July 5, 1927 |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1928 |
|------------|-------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08377

## 1. PLACE OF DEATH

County Washington

Village or City Lappans Cross Roads Md

Registration Dist. No. 31

210-00

St. Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Mary Kretzer Adams Garrott

(a) Residence: No. Washington D.C.

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|               |                        |   |
|---------------|------------------------|---|
| 3. SEX female | 4. COLOR OR RACE white | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed |
|---------------|------------------------|---|

5a. If married, widowed, or divorced  
HUSBAND of (or) WIFE of

Dr. E.M. Garrott

6. DATE OF BIRTH (month, day, and year) Nov. 15, 1872

|                 |          |         |                                  |
|-----------------|----------|---------|----------------------------------|
| 7. AGE 60 Years | Months 8 | Days 27 | If LESS than 1 day, hrs. or min. |
|-----------------|----------|---------|----------------------------------|

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. at home

10. Date deceased last worked at this occupation (month and year) Aug. 8 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Sharpsburg Md  
(State or country)13. NAME Charles Adams  
Smithsburg14. BIRTHPLACE (city or town) Md  
(State or country)15. MAIDEN NAME Margaret Kretzer  
Sharpsburg Md16. BIRTHPLACE (city or town) Md  
(State or country)17. INFORMANT Miss Katherine Adams  
(Address) Sharpsburg Md18. BURIAL, CREMATION, OR REMOVAL Sharpsburg Md Date Aug. 14, 1933  
Place19. UNDERTAKER Albert Leaf  
(Address) Williamsport Md20. FILED Aug. 15, 1933 J. S. Blasius  
14 Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH Aug. 12, 1933

(Month) (Day) (Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

, 19 , to , 19 ; death is said

I last saw h alive on , 19 ; death is said  
to have occurred on the date stated above, at 5.30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Accidental collision  
of motor - vehicles  
Causing a fracture of skull

Other Contributory Causes of importance:  
Accident; automobile sedan. Collision  
with another automobile. ~~Skull~~

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Was there an autopsy?

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury August 12, 1933

Where did injury occur? Lappans Cross Roads, Washington Co., Md.  
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

in public place.

Manner of injury Automobile collision (accidental).

Nature of injury Fractured skull.

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify Richard C. Sweeney  
(Signed) M. D.

(Address) Sugartown, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

*For authorizing physician charge of date that cert was filed see  
letter filed under my Bifong 1014133.5.*

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08378

## 1. PLACE OF DEATH

County Washington  
Village or City Hagerstown

Length of residence in city or town where death occurred 8 yrs. mos.Registration Dist. No. 302No. 331 St. 2 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

ds. How long in U.S. If of foreign birth? years months days2. FULL NAME Floyd F. Gaver(a) Residence: No. 331 St. Potomac  
(Usual place of abode)St. 2 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|                    |                               |   |
|--------------------|-------------------------------|---|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ( <i>write the word</i> ) <u>Married</u> |
|--------------------|-------------------------------|---|

5a. It married, widowed, or divorced  
HUSBAND of  
(or) WIFE of  
marie F.

6. DATE OF BIRTH (month, day, and year) Sept 3 - 1881

|                  |                 |                  |                |  |
|------------------|-----------------|------------------|----------------|--|
| 7. AGE <u>51</u> | Years <u>11</u> | Months <u>17</u> | Days <u>17</u> | If LESS than<br>1 day, _____ hrs.<br>or _____ min. |
|------------------|-----------------|------------------|----------------|--|

|   |  |
|---|--|
| OCCUPATION <u>Real Estate</u>   | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKEEKEEPER, etc. <u>Real Estate</u> |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Salesman.</u> | 11. Total time (years) spent in this occupation <u>20 yrs</u>  |
| 10. Date deceased last worked at this occupation (month and year) <u>July 1933</u>                  |  |

12. BIRTHPLACE (city or town)  
(State or country) Myersville md.

|               |  |
|---------------|--|
| MOTHER FATHER | 13. NAME <u>Otha Gaver</u>   |
|               | 14. BIRTHPLACE (city or town)<br>(State or country) <u>Myersville</u> <u>md.</u> |

|        |   |
|--------|---|
| MOTHER | 15. MAIDEN NAME <u>Sophia Rautzahn</u>  |
|        | 16. BIRTHPLACE (city or town)<br>(State or country) <u>Middleton</u> <u>md.</u> |

17. INFORMANT Mrs Floyd F. Gaver  
(Address) Hagerstown, md.18. BURIAL, CREMATION, OR REMOVAL  
Place Hagerstown, md. Date Aug 22, 193319. UNDERTAKER F. K. Coxman  
(Address) Hagerstown, md.20. FILED 8/27/33 Chas. Bowers  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. 20, 1933

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from July 8, 1933 to Aug 20, 1933I last saw him alive on Aug 20, 1933; death is said to have occurred on the date stated above, at 6:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary  
Tuberculosis

Date of onset  
1909

Other Contributory Causes of importance:

Myocarditis (acute)

Name of operation None Date of 19What test confirmed diagnosis? C Was there an autopsy? ✓

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ✓ Data of injury 19Where did injury occur? ✓

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Warren Drury M. D.(Address) Hagerstown, md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|            | Other contributory causes of importance: |        |
|------------|--|--------|
| Gallstones | Gastroenteritis                          | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County Washington

Village or City Hagerstown

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

Registration Dist. No. 502

Ward

No. 16 W. Potowm St., 3<sup>rd</sup>

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME

William Blake Fish

(a) Residence: No. 16 W. Potowm

(Usual place of abode)

St. 3 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male White Single

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Mar 4 1933

7. AGE

Years

Months

Days

IF LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

5 19

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

House

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.

"

10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

Hagerstown

MOTHER

FATHER

Albert J. Fish

14. BIRTHPLACE (city or town)

(State or country)

Martinsburg

15. MAIDEN NAME

Catherine C. Blake

16. BIRTHPLACE (city or town)

(State or country)

Martinsburg

17. INFORMANT

(Address)

A. J. Fish

18. BURIAL, CREMATION, OR REMOVAL

Place Date

Smithsburg, Md. 8/25, 1933

19. UNDERTAKER

(Address)

Bryant &amp; Sons

20. FILED

Date

8/24/33 H. Dowers

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

August 23 1933

22. I HEREBY CERTIFY. That I attended deceased from

Aug. 15, 1933, to Aug. 21, 1933

I last saw him alive on Aug. 21, 1933; death is said

to have occurred on the date stated above at 6:00 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Whooping Cough Aug. 1

Other Contributory Causes of importance:

Heart failure

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) A. Howert

(Address) Hagerstown, Md. M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| RECEIVED                       |              |
|--------------------------------|--------------|
| Arteriosclerosis               | 1915         |
| Chronic interstitial nephritis | 1921         |
| Cerebral hemorrhage            | July 5, 1927 |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

Example II

The principal cause of death and related causes of importance were as follows:

| RECEIVED               |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

08380

## 1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

Washington  
Keadyville Md

(46)

Registration Dist. No.

316

St.

Ward

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)  
How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, end year)

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

13. NAME

14. BIRTHPLACE (city or town)  
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

(Place)

Date Aug 29 1933

19. UNDERTAKER

(Address)

20. FILED

Aug 29 1933

R. H. Gentry

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug 27, 1933  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw deceased alive on Aug 25, 1933; death is said  
to have occurred on the date stated above, et 8 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Carcinoma  
Stomach  
Chronic  
Myocarditis

Other Contributory Causes of importance:

Arterio Sclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Robert McDonald M.D.

(Address) Keadyville Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Other contributory causes of importance:

|            | Date of onset |
|------------|---------------|
| Gallstones | May 1, 1928   |

Example II

The principal cause of death and related causes of importance were as follows:

|                        | Date of onset |
|------------------------|---------------|
| Attack of epilepsy     | 1 week ago    |
| Run over by street car | 1 week ago    |

Other contributory causes of importance:

|                 | Date of onset |
|-----------------|---------------|
| Gastroenteritis | 1 year        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

08381

## MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PLACE OF DEATH

County Washington

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 302

Village or City Hagerstown (No. 1218 Va Ave

St; ✓ Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Premature Baby Grinn

## PERSONAL AND STATISTICAL PARTICULARS

|            |                   |   |
|------------|-------------------|---|
| 3 SEX Male | 4 COLOR OR RACE W | 5 SINGLE<br>MARRIED,<br>WIDOWED<br>OR DIVORCED<br>(Write the word) Single |
|------------|-------------------|---|

## 6 DATE OF BIRTH

Aug 24 (Month) (Day), 1933 (Year)

|                                      |   |
|--------------------------------------|---|
| 7 AGE Stillborn (4 months pregnancy) | if LESS than<br>1 day, hrs.<br>OR min.? |
| yrs. mns. ss.                        |   |

8 OCCUPATION  
 (a) Trade, profession, or particular kind of work  
 (b) General nature of industry business, or establishment in which employed (or employer)  
 none

9 BIRTHPLACE  
 (State or country) Hagerstown, Md.

10 NAME OF FATHER Edward Livingston Grinn

11 BIRTHPLACE OF FATHER (State or country) Brownsville, Md.

12 MAIDEN NAME OF MOTHER Grace Beale Dean

13 BIRTHPLACE OF MOTHER (State or country) Braddock, Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edward S. Grinn

(Address) 1218 Va Ave

15 8/25/33 Chas H. Baer

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

Aug 24 (Month) (Day), 1933 (Year)

17 I HEREBY CERTIFY. That I attended deceased from Aug 24, 1933, to Aug 24, 1933, that I last saw him alive on Aug 24, 1933, and that death occurred on the date stated above, at 5 P.M. The CAUSE OF DEATH \* was as follows:

Premature Infant

(Duration) yrs. mos. ds.

Contributory  
Secondary

(Signed) H. S. Porterfield (Address) 136 W Washington (Duration) yrs. mos. ds.

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) WHETHER ACCIDENTAL, SUICIDAL OR HOMICIDAL.

## 18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TRANSIENTS OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State. yrs. mos. ds.  
Where was disease contracted, if not at place of death?

Former or usual residence 1218 Va Ave

## 19 PLACE OF BURIAL OR REMOVAL Premises (DATE OF BURIAL) ✓ 8/24, 1933

UNDERTAKER Father ADDRESS 1218 Va Ave.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, (*and engineer*, *Stationary foreman*, etc.). But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Colton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deputy," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housewife* persons who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Hausmaid*, etc. If the occupation has been changed, or given up on account of the disease causing death, or state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," "unqualified, is indefinite); *Tuberculosis of lungs*, *menin-*

*ges*, *peritonitis*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" (for malignant neoplasms); *Measles*; *Whooping cough*, *Chronic catarrhal heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (di ease causing death), *20 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Conia," "Convulsions," "Dehility" ("Con genital," "Senile," etc.), "Diopsy," "Exhaustion," "Heart failure," "H. emorrhage," "Inanition," "Mastitis," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child birth or miscarriage as "Postpartal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken for violent death; state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably such*, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway iron—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *lethargus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

(1) This certificate is looked over thoroughly and all questions unanswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS' should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08382

## 1. PLACE OF DEATH

County Washington

Village or City Hagerstown

(131)

Registration Dist. No. 302

St. 5 Ward

No. 59 West Bethel

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Fannie Herbert

(a) Residence: No. 59 West Bethel

St. 5 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|               |                        |   |
|---------------|------------------------|---|
| 3. SEX Female | 4. COLOR OR RACE Black | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed |
|---------------|------------------------|---|

5. If married, widowed, or divorced

(HUSBAND OR  
(or) WIFE of

David Herbert

6. DATE OF BIRTH (month, day, and year) May, 1, 1866.

|                 |          |        |  |
|-----------------|----------|--------|--|
| 7. AGE Years 67 | Months 3 | Days 2 | If LESS than<br>1 day, hrs.<br>or min. |
|-----------------|----------|--------|--|

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country) Sharpsburg Md.

13. NAME —— Grey.

14. BIRTHPLACE (city or town)  
(State or country) Sharpsburg Md.

15. MAIDEN NAME Malinda Nurse

16. BIRTHPLACE (city or town)  
(State or country) Sharpsburg Md.17. INFORMANT Mrs. Pearl Jones.  
(Address) Hagerstown Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Sharpsburg Date Aug 6, 1933

19. UNDERTAKER Fred W. Draiss  
(Address) Hagerstown Md.

20. FILED 8-6 1933 Glass &amp; Bowens

Registrar.

## 21. DATE OF DEATH

August 3,

(Month)

(Day)

1933  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Aug 1, 1933, to Aug 3, 1933  
I last saw her alive on Aug 3, 1933; death is said  
to have occurred on the date stated above, at P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Chronic Endocarditis  
Chronic Respiratory

Date of onset

?

Other Contributory Causes of Importance:

None

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 19-

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Peter Mueller, VICTOR D. MILLER, M.D.  
(Address) 131 W. WASHINGTON ST.

HAGERSTOWN, MD.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. If a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                |                       |
|--------------------------------|-----------------------|
| Arteriosclerosis               | Date of onset<br>1915 |
| Chronic interstitial nephritis | 1921                  |
| Cerebral hemorrhage            | July 5, 1927          |

Example II

The principal cause of death and related causes of importance were as follows:

|                        |                             |
|------------------------|-----------------------------|
| Attack of epilepsy     | Date of onset<br>1 week ago |
| Run over by street car | 1 week ago                  |
| Peritonitis            | 3 days ago                  |

Other contributory causes of importance:

|            |                              |
|------------|------------------------------|
| Gallstones | Date of onset<br>May 1, 1923 |
|            |                              |

Other contributory causes of importance:

|                 |                         |
|-----------------|-------------------------|
| Gastroenteritis | Date of onset<br>1 year |
|                 |                         |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

08383

## 1. PLACE OF DEATH

County Washington  
Village or City Fiddlersburg

(159)

Registration Dist. No.

302

St., Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)  
How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME child of James H. Neas

(a) Residence: No. 7 Fiddlersburg  
(Usual place of abode)

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

female

white

single

6a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Aug 24-1933

7. AGE

Years

Months

Days

IF LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)Fiddlersburg  
Md

13. NAME

James H. Neas

14. BIRTHPLACE (city or town)  
(State or country)Waynerton  
Pa

15. MAIDEN NAME

Martha Snyder

16. BIRTHPLACE (city or town)  
(State or country)Waynerton Md  
Md

17. INFORMANT

James H. Neas

(Address)

Waynerton Md R 8 5

18. BURIAL, CREMATION, OR REMOVAL

Place: Waynerton Md Date: Aug 26, 1933

19. UNDERTAKER

Scott F. Myrick Son

(Address)

Waynerton Md

20. FILED

8/26/33 Death Bureau

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug 24 (Month) 1933 (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Aug 24, 1933, to Aug 26, 1933

I last saw him alive on Aug 25, 1933; death is said  
to have occurred on the date stated above, at 10:30 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Premature Birth  
(6 mo.)

Date of onset

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Philip J. O'Byrne M. D.

(Address) 161 N. Potowmack St. Waynerton, Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Example II

The principal cause of death and related causes of importance were as follows:

|                        | Date of onset |
|------------------------|---------------|
| Attack of epilepsy     | 1 week ago    |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08384

## 1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

(15)

Registration Dist. No.

St. Ward

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos.

ds.

How long in U. S. if of foreign birth?

yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)5d. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Isora Gleningen Hill

6. DATE OF BIRTH (month, day, and year)

July 14, 1879  
7. AGE Years Months Days If LESS than  
64 1 2 1 day, hrs.  
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which work was done, as SILK MILL,  
SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)

Tuttle Co Pa

MOTHER FATHER

13. NAME Nathaniel C. Hill

14. BIRTHPLACE (city or town)  
(State or country)

Tuttle Co Pa

15. MAIDEN NAME Mary Booth

Tuttle Co Pa

16. BIRTHPLACE (city or town)  
(State or country)

John H. Hill

Millsboro, Md

17. INFORMANT

(Address)

Place of death

Date 8/19/33

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

20. FILED

(Address)

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Aug 16, 1933

22. I HEREBY CERTIFY. That I attended deceased from

I last saw him alive on 19 to 19 ; death is said

to have occurred on the date stated above, at 19 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute Alcoholism

Date of onset

Other Contributory Causes of importance:

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

• Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. E. Taber M. D.

(Address) Hanover, Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                |                       |
|--------------------------------|-----------------------|
| Arteriosclerosis               | Date of onset<br>1915 |
| Chronic interstitial nephritis | 1921                  |
| Cerebral hemorrhage            | July 5, 1927          |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                        |                             |
|------------------------|-----------------------------|
| Attack of epilepsy     | Date of onset<br>1 week ago |
| Run over by street car | 1 week ago                  |
| Peritonitis            | 3 days ago                  |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08385

## 1. PLACE OF DEATH

County. Washington

23

Registration Dist. No.

306

Village or City. Smithsburg and

St.

Ward

Length of residence in city or town where death occurred. 5 yrs.

No.  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

Lula A. Hites

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female White

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)  
Married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Elmer B. Hites

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

48

1

37

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

Vicksburg Va  
Augusta Co Va

## MOTHER FATHER

13. NAME

Josie Philips

14. BIRTHPLACE (city or town)

(State or country)

Vicksburg Va

Augusta Va

15. MAIDEN NAME

Lula F. Gerald

16. BIRTHPLACE (city or town)

(State or country)

Vicksburg Va

Augusta Va

17. INFORMANT

(Address)

Elmer B. Hites  
Smithsburg and R.F.D.

18. BURIAL, CREMATION, OR REMOVAL

Place

Smithsburg County Date Aug 17th, 1933

19. UNDERTAKER

(Address)

Lula B. Hites  
Smithsburg and

20. FILED

Date

Aug 16, 1933 by W. Ferguson  
Registrar

## 21. DATE OF DEATH

Aug

15

1933

22. I HEREBY CERTIFY, That I attended deceased from

Aug 1, 1933, to Aug 15, 1933

I last saw deceased alive on Aug 15, 1933; death is said  
to have occurred on the date stated above, at 4:30 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Tuberculosis of  
Lungs also Peritonitis

Date of onset

3 yrs.

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Mrs. J. C. Fayerne

M. O.

(Address) Smithsburg and

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08386

## 1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

yrs.

mos.

ds.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registration Dist. No.

803

St. \_\_\_\_\_ Ward. \_\_\_\_\_

## 2. FULL NAME

(a) Residence: No.

near Millstone

St. \_\_\_\_\_ Ward. \_\_\_\_\_

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Girl

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE | Years | Months | Days | If LESS than<br>1 day, _____ hrs.<br>or _____ min. |
|--------|-------|--------|------|--|
|        | 8     | 29     |      |  |

## OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)

13. NAME

14. BIRTHPLACE (city or town)  
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Park Head Cemetery Date Aug. 21, 1933

19. UNDERTAKER

(Address)

20. FILED

(Address)

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug. 1st, 1933  
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

July 23rd, 1933, to Aug. 1st, 1933  
I last saw her alive on Aug. 1st, 1933, death is said  
to have occurred on the date stated above, at 2 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Intestinal  
Enteritis

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

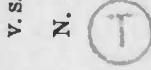
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Jonathan P. Perry, M.D.  
(Address) 6 Teal Spring Rd.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                |                       |
|--------------------------------|-----------------------|
| Arteriosclerosis               | Date of onset<br>1915 |
| Chronic interstitial nephritis | 1921                  |
| Cerebral hemorrhage            | July 5, 1927          |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                        |                             |
|------------------------|-----------------------------|
| Attack of epilepsy     | Date of onset<br>1 week ago |
| Run over by street car | 1 week ago                  |
| Peritonitis            | 3 days ago                  |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

For authorization to change date that cert. was filed see  
letter filed under me. Murphy 10/4/33 G.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08387

## 1. PLACE OF DEATH

County

Washington  
Keadysville

93-2

Registration Dist. No. 316

St.

Ward

Village or City

Length of residence in city or town where death occurred

14 yrs. 6 mos. 16 ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)  
How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Nora H Rafawar

(a) Residence: No.

St. Ward.

If nonresident give city or town and State

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female White married

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

5e. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Albert Rafawar

6. DATE OF BIRTH (month, day, and year)

Mar 20 = 1879

7. AGE

Years

54

Months

Months

4

Days

15

If LESS than

1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

House Wife

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

Sharpsburg Md

MOTHER

FATHER

13. NAME

Daniel &amp; Sonder

14. BIRTHPLACE (city or town)

(State or country)

Sharpsburg

15. MAIDEN NAME

Margaret R Morgan

16. BIRTHPLACE (city or town)

(State or country)

Nashville Tn

17. INFORMANT

(Address)

Albert Rafawar  
Keadysville Md

18. BURIAL, CREMATION, OR REMOVAL

Place

Middleton

Date

Aug 8, 1933

19. UNDERTAKER

(Address)

G. L. Johnson &amp; Co

Keadysville Md

20. FILED

Date

Aug 8, 1933

Registrator

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

8

5

, 1933  
(Month) (Day) (Year)

## 22. I HEREBY CERTIFY

That I attended deceased from  
July 20, 1933, to Aug 5, 1933  
last saw her alive on Aug 5, 1933; death is said  
to have occurred on the date stated above, at 9 P.M.  
The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Chronic Myocarditis 1931

## Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. W. Lettage M. D.  
(Address) Boonsboro

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Other contributory causes of importance:

|            | Date of onset |
|------------|---------------|
| Gallstones | May 1, 1923   |

Example II

The principal cause of death and related causes of importance were as follows:

|                        | Date of onset |
|------------------------|---------------|
| Attack of epilepsy     | 1 week ago    |
| Run over by street car | 1 week ago    |

Other contributory causes of importance:

|                 | Date of onset | Duration |
|-----------------|---------------|----------|
| Gastroenteritis |               | 1 year   |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1929 |
|            |             |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08389

## 1. PLACE OF DEATH

County Washington

Village or City Halfway

Registration Dist. No. 302

No.

Length of residence in city or town where death occurred 10 yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. ds How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Edward Franklin Ludwig

(a) Residence: No. 110 Greenmont st

(Usual place of abode)

St. ✓ Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|             |                        |   |
|-------------|------------------------|---|
| 3. SEX male | 4. COLOR OR RACE white | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married |
|-------------|------------------------|---|

5e. If married, widowed, or divorced

HUSBAND OF  
(or) WIFE of

Carrie Fristoe

6. DATE OF BIRTH (month, day, and year) Mar. 16, 1861

|           |       |        |      |  |
|-----------|-------|--------|------|--|
| 7. AGE 72 | Years | Months | Days | If LESS than<br>1 day, _____ hrs.<br>or _____ min. |
|           |       | 5      | 14   |  |

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) Virginia  
(State or country)

13. NAME Solomon Ludwig

14. BIRTHPLACE (city or town) W. Va  
(State or country)

15. MADIOEN NAME Jennie Stubblefield

16. BIRTHPLACE (city or town) Va.

17. INFORMANT Mrs Carrie Ludwig

(Address) 110 Greenmont Ave Hag

18. BURIAL, CREMATION, OR REMOVAL

Place Middletown Md Date Sept 1st 1933

19. UNDERTAKER Albert Leaf

(Address) Williamsport Md

20. FILED 8-30-33 Chaffin Powers

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. 30, 1933

(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from  
Feb 4<sup>th</sup>, 1933, to Aug 30, 1933; death is said

I last saw h. live alive on Aug 20, 1933; death is said

to have occurred on the date stated above, at 3:15 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma of Rectum

Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. G. Forester M. D.  
(Address) Hagerstown Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Arteriosclerosis   | 1915          |
| Chronic interstitial nephritis   | 1921          |
| Cerebral hemorrhage  | July 5, 1927  |
|  |               |
|  |               |
| Other contributory causes of importance:                                       |               |
| Gallstones   | May 1, 1923   |
|  |               |
|  |               |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Attack of epilepsy   | 1 week ago    |
| Run over by street car   | 1 week ago    |
| Peritonitis  | 3 days ago    |
|  |               |
|  |               |
| Other contributory causes of importance:                                       |               |
| Gastroenteritis  | 1 year        |
|  |               |
|  |               |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

08390

## 1. PLACE OF DEATH

County Washington  
 Village or City <sup>IN CORPORATE LIMITS</sup> Hagerstown

Length of residence in city or town where death occurred

(13)

Registration Dist. No.

302  
St. 5 Ward

No. Marshall Street  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 8 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Janet McManus

(a) Residence: No. Rochester, New York  
 (Usual place of abode)

523 E. Main St.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|               |                        |   |
|---------------|------------------------|---|
| 3. SEX Female | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married |
|---------------|------------------------|---|

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of Oliver McManus

6. DATE OF BIRTH (month, day, and year) Nov. 10, 1880.

|                 |          |         |  |
|-----------------|----------|---------|--|
| 7. AGE Years 52 | Months 9 | Days 13 | If LESS than 1 day, _____ hrs. or _____ min. |
|-----------------|----------|---------|--|

|   |   |
|---|---|
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | Home Work                                       |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.          |   |
| 10. Date deceased last worked at this occupation (month and year)                           | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town) Hagerstown  
 (State or country) Md.

13. NAME Lawson Shrader

14. BIRTHPLACE (city or town) Washington County  
 (State or country) Md.

15. MAIDEN NAME Anna Tochudy

16. BIRTHPLACE (city or town) Washington County  
 (State or country) Md.17. INFORMANT Oliver McManus  
 (Address) Rochester, N. Y.

18. BURIAL, CREMATION, OR REMOVAL

Place Waynesboro, Pa. Date Aug. 25, 1933.

19. UNDERTAKER Fred W. Kraiss,  
 (Address) Hagerstown, Md.

20. FILED 8-25-33 H. H. H. Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

August 23, 1933  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Aug. 22, 1933, to Aug. 23, 1933

I last saw h. s. alive on Aug. 23, 1933; death is said to have occurred on the date stated above, at 6:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*arteriosclerosis*  
*chronic nephritis (extensive)*  
*Cerebral Hemorrhage*

Date of onset

1930 (?)

1931

8/22/33

Other Contributory Causes of importance:

Name of operation *none* Date of *none*What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) *J. Robert Wells* M. D.(Address) *115 N. Patowmack St., Washington, D.C.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

Date of onset

1921

Cerebral hemorrhage

Date of onset

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gallstones

Date of onset

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08391

## 1. PLACE OF DEATH

County Washington  
Village or City Newidsons

Length of residence in city or town where death occurred

932

Registration Dist. No.

302

No. Rowe's Park.

St. — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME Margaret Miller

(a) Residence: No. Rowe's Park.

(Usual place of abode)

St. ✓ Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED,

OR DIVORCED (write the word)

Widow

## 5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

William G.

## 6. DATE OF BIRTH (month, day, and year)

Dec 15 - 1870

7. AGE Years Months Days IF LESS than

6 2 7 28 1 day, hrs.

or min.

## 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.

SAWYER, BODKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Housewife

10. Date deceased last worked at this occupation (month and year)

Aug 1933

11. Total time (years) spent in this occupation

10 yrs

## 12. BIRTHPLACE (city or town)

Baltimore

(State or country)

## 13. NAME Mrs C. M. Donald

## 14. BIRTHPLACE (city or town)

Ireland

(State or country)

## 15. MAIDEN NAME Margaret Hennessy

## 16. BIRTHPLACE (city or town)

Ireland

(State or country)

## 17. INFORMANT Mrs Gertrude Miller Tenant

(Address)

Rowe's Park, Md.

## 18. BURIAL, CREMATION, OR REMOVAL

Place Hagerstown

Date Aug 16, 1933

## 19. UNDERTAKER F. H. Coffman

(Address)

Hagerstown, Md.

## 20. FILED 8-14-33

(Address)

Hagerstown, Md.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug 13  
(Month)

(Day)

1933  
(Year)

## 22. I HEREBY CERTIFY

That I attended deceased from Aug. 12, 1933, to Aug. 13, 1933

I last saw her alive on August 13, 1933; death is said to have occurred on the date stated above at 11 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic myocarditis

Other Contributory Causes of importance:

None

Name of operation

Date of

What test confirmed diagnosis?

Colonial

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

LaBell

M. D.

(Address) Hagerstown, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                |                       |
|--------------------------------|-----------------------|
| Arteriosclerosis               | Date of onset<br>1915 |
| Chronic interstitial nephritis | 1921                  |
| Cerebral hemorrhage            | July 5, 1927          |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1928 |
|------------|-------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                        |                             |
|------------------------|-----------------------------|
| Attack of epilepsy     | Date of onset<br>1 week ago |
| Run over by street car | 1 week ago                  |
| Peritonitis            | 3 days ago                  |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Washington

Village or City Hagerstown

(50)

Registration Dist. No. 302

08392

Length of residence in city or town where death occurred yrs.

mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Mary E. Miller.

(a) Residence: No. 4 Magnolia Ave.

(Usual place of abode)

St. 5 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|--------|------------------|---|
| Female | White.           | Married.  |

5a. If married, widowed, or divorced

HUSBAND OF  
(or) WIFE of

Walter E. Miller.

## 6. DATE OF BIRTH (month, day, and year) Oct. 23. 1901

| 7. AGE | Years | Months | Days | If LESS than<br>1 day, _____ hrs.<br>or _____ min. |
|--------|-------|--------|------|--|
| 31     |       | 10     | 1    |  |

|   |   |
|---|---|
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | Home work.                                      |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.          |   |
| 10. Date deceased last worked at this occupation (month and year)                           | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town) Washington County .  
(State or country) Md.

## 13. NAME Charles Summers.

14. BIRTHPLACE (city or town) Funkstown.  
(State or country) Md.

## 15. MAIDEN NAME Alice Pyore.

16. BIRTHPLACE (city or town) Smithburg.  
(State or country) Md.17. INFORMANT Walter E. Miller.  
(Address) Hagerstown.18. BURIAL, CREMATION, OR REMOVAL  
Place Rest Haven Cemet Date Aug 26, 193319. UNDERTAKER Fred W. Kraiss.  
(Address) Hagerstown20. FILED 8/26/33 Chasff Bowers  
Registrars

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

August 24, 1933  
(Month) (Day) (Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

I last saw her alive on Aug 23, 1933; death is said to have occurred on the date stated above, at 4/30 A. M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cervical Breast

Date of onset Oct 1-31

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Ed. Ditt  
(Address) Hagerstown, Md.

M. O.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| RECEIVED                       |              |
|--------------------------------|--------------|
| Arteriosclerosis               | 1915         |
| Chronic interstitial nephritis | 1921         |
| Cerebral hemorrhage            | July 5, 1927 |

BUREAU U. S.

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08393

## 1. PLACE OF DEATH

County Washington.

Village or City Hagerstown, Md.

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Katie Moon

(a) Residence: No 214 1/2 N. Johnthan  
(Usual place of abode)

82-2

Registration Dist. No.

302

St. S Ward

No. 214 1/2 N. Johnthan

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## PERSONAL AND STATISTICAL PARTICULARS

|        |                  |  |
|--------|------------------|--|
| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED,<br>OR DIVORCED (write the word) |
| Female | Colored          | Married  |

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Lucias Moon.

6. DATE OF BIRTH (month, day, and year)

1870.

|        |       |         |      |  |
|--------|-------|---------|------|--|
| 7. AGE | Years | Months  | Days | If LESS than<br>1 day, _____ hrs.<br>or _____ min. |
|        | 63    | Unknown | •    |  |

|   |   |
|---|---|
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | House work.                                     |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.          |   |
| 10. Date deceased last worked at this occupation (month and year)                           | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town)  
(State or country)Unknown  
Va.

13. NAME Allen

14. BIRTHPLACE (city or town)  
(State or country)Unknown  
Va.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)  
(State or country)Unknown  
Va.17. INFORMANT Mrs Bettie Felder.  
(Address)

Hagerstown.

18. BURIAL, CREMATION, OR REMOVAL  
Place Rose Hill Cemetery Date Aug 4. 193319. UNDERTAKER Fred W. Kraiss.  
(Address)

Hagerstown.

20. FILED 8/4/1933 Chayhawers  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

August 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1933, to Aug 1, 1933

I last saw her alive on Aug 1, 1933, death is said to have occurred on the date stated above, at 11 P. M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

June 25 - 33  
Paralysis

Date of onset

Other Contributory Causes of importance:

Exhaustion

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury —, 19

Where did injury occur?

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

A. B. Wilson M. D.

(Address) 243 N. Jonathan

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| RECEIVED                       |              |
|--------------------------------|--------------|
| Arteriosclerosis               | 1915         |
| Chronic interstitial nephritis | 1921         |
| Cerebral hemorrhage            | July 5, 1927 |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

Example II

The principal cause of death and related causes of importance were as follows:

| BUREAU                 |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH 08394

## 1. PLACE OF DEATH

County Washington  
WITHIN CORPORATE LIMITS  
 Village or City Hagerstown

Length of residence in city or town where death occurred yrs.

Registration Dist. No. 302  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. 25 ds. How long in U.S. if of foreign birth? yrs. mos. ds.2. FULL NAME Charles Walker Moore(a) Residence: No. 714 Chestnut

(Usual place of abode)

St. 2 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Male White married5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofLizzie F.

## 6. DATE OF BIRTH (month, day, and year)

Sept 10 1869

7. AGE Years 63 Months 9 Days 27 If LESS than1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)

July 19, 1933

11. Total time (years)  
spent in this  
occupation 20 yrsPainterHouse.12. BIRTHPLACE (city or town)  
(State or country)Clearspring md.

## MOTHER FATHER

13. NAME John Moore14. BIRTHPLACE (city or town)  
(State or country)Leesburg Va15. MAIDEN NAME Susan Myers16. BIRTHPLACE (city or town)  
(State or country)Clearspring md17. INFORMANT Mrs. C.W. Moore  
(Address)Hagerstown, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place York, Pa Date Aug 9, 193319. UNDERTAKER A.H. Coxman  
(Address)Hagerstown, Md.20. FILED 8-7-33 Blast Bowes

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug 9, 6

(Month)

(Day)

, 1933 (Year)

22. I HEREBY CERTIFY, That I attended deceased from

July 19, 1933, to Aug 7, 1933; death is said  
to have occurred on the date stated above, at 4:15 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Pulmonary embolism

Date of onset

Other Contributory Causes of importance:

Fracture of left hip  
on July 19.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury July 19, 1933Where did injury occur? Hagerstown, Md.

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Industry - Fall from scaffoldManner of injury Fraction left hipNature of injury Fall from scaffold24. Was disease or injury in any way related to occupation of deceased? fallIf so, specify while on scaffold(Signed) Dr. Warren Miller M. D.(Address) Hagerstown, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                |                       |
|--------------------------------|-----------------------|
| Arteriosclerosis               | Date of onset<br>1915 |
| Chronic interstitial nephritis | 1921                  |
| Cerebral hemorrhage            | July 5, 1927          |
|                                |                       |
|                                |                       |

Example II

The principal cause of death and related causes of importance were as follows:

|                        |                             |
|------------------------|-----------------------------|
| Attack of epilepsy     | Date of onset<br>1 week ago |
| Run over by street car | 1 week ago                  |
| Peritonitis            | 3 days ago                  |
|                        |                             |
|                        |                             |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |
|            |             |
|            |             |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |
|                 |        |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 9.—The industry or business in which the work was done.
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- 11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                |                       |
|--------------------------------|-----------------------|
| Arteriosclerosis               | Date of onset<br>1915 |
| Chronic interstitial nephritis | 1921                  |
| Cerebral hemorrhage            | July 5, 1927          |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

## Example II

The principal cause of death and related causes of importance were as follows:

|                        |                             |
|------------------------|-----------------------------|
| Attack of epilepsy     | Date of onset<br>1 week ago |
| Run over by street car | 1 week ago                  |
| Peritonitis            | 3 days ago                  |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—**WRITE PLAINLY**, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08396

## 1. PLACE OF DEATH

County WashingtonVillage or City Darigan

Length of residence in city or town where death occurred

No. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(49)

Registration Dist. No. 300

St., Ward

If death occurred in a hospital or institution, give its NAME instead of street and number

## 2. FULL NAME

Mary Catherine Myers

(a) Residence: No.

St., Ward.

If nonresident give city or town and State

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Widow

6a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofJohn A. Myers

## 6. DATE OF BIRTH (month, day, and year)

May 25 1858

7. AGE

Years

Months

Days

11 LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

75

3

1

## OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

1932

11. Total time (years)  
spent in this occupation

60 yrs

12. BIRTHPLACE (city or town)  
(State or country)Wash Co Md.

## 13. NAME

Joseph Ingram14. BIRTHPLACE (city or town)  
(State or country)Wash Co Md.

## 15. MAIDEN NAME

Catherine Strijepay16. BIRTHPLACE (city or town)  
(State or country)Wash Co Md.

## 17. INFORMANT

(Address)

Harper's Ferry W. Va.

## 18. BURIAL, CREMATION, OR REMOVAL

Place

Baptist Manor

Date

Aug 28 1933

## 19. UNDERTAKER

(Address)

S. L. CharlesBolivar W. Va.

## 20. FILED

Date

Sept 26 1933Elk Ridge

Registrat.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug

(Month)

26

(Day)

1933

(Year)

## 22. I HEREBY CERTIFY. That I attended deceased from

June 28

1933

Aug 26

1933

1933

last saw her alive on

Aug 19

1933

1933

death is said

to have occurred on the date stated above, at

11:45

A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

mass in lower right quadrant of abdomen

Date of onset

carcinomacarcinoma primary

of uterine adnexa

uterusOther Contributory Causes of importance:arterio-sclerosisName of operationNone

Date of

What test confirmed diagnosis?None

Was there an autopsy?

No23. If death was due to external causes (VIOLENCE) fill in also the following:Accident, suicide, or homicide?

Date of injury

, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.Manner of injuryNature of injury24. Was disease or injury in any way related to occupation of deceased?NoIf so, specify(Signed)W. H. Shegley

M. D.

(Address)Sharpsburg

Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                |                       |
|--------------------------------|-----------------------|
| Arteriosclerosis               | Date of onset<br>1915 |
| Chronic interstitial nephritis | 1921                  |
| Cerebral hemorrhage            | July 5, 1927          |
|                                |                       |
|                                |                       |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |
|            |             |

Example II

The principal cause of death and related causes of importance were as follows:

|                        |                             |
|------------------------|-----------------------------|
| Attack of epilepsy     | Date of onset<br>1 week ago |
| Run over by street car | 1 week ago                  |
| Peritonitis            | 3 days ago                  |
|                        |                             |
|                        |                             |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08397

## 1. PLACE OF DEATH

County Washington  
Within corporate limits of  
Village or City Hagerstown

82-20

Registration Dist. No. 302

St. 2 Ward

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Jennie F. Peckus

(a) Residence: No. 117 So. Potomac  
(Usual place of abode)

St. 2 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|               |                        |   |
|---------------|------------------------|---|
| 3. SEX Female | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow |
|---------------|------------------------|---|

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Lucius M.

|  |                 |           |        |   |
|--|-----------------|-----------|--------|---|
| 6. DATE OF BIRTH (month, day, end year) Sept 12 - 1854 | 7. AGE Years 78 | Months 11 | Days 7 | If LESS than<br>1 day,<br>hrs.<br>or min. |
|--|-----------------|-----------|--------|---|

|   |  |
|---|--|
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. |
| 10. Date deceased last worked at this occupation (month and year) 1920                                | 11. Total time (years) spent in this occupation 30 yrs                             |

12. BIRTHPLACE (city or town)  
(State or country) Farmville Va.

|                       |   |
|-----------------------|---|
| 13. NAME Samuel Scott | 14. BIRTHPLACE (city or town) Hampton S. D. |
|-----------------------|---|

|                                |   |
|--------------------------------|---|
| 15. MAIDEN NAME Frances Watson | 16. BIRTHPLACE (city or town) Hampton S. D. |
|--------------------------------|---|

17. INFORMANT Mrs. Jos. D. Baswell

(Address) Hagers farm, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Finneywood Va. Date 8-22-32

19. UNDERTAKER H. H. C. Jones  
(Address) Hagers farm, Md.20. FILED 8/20/33 H. H. C. Jones  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH Aug 19

(Month)

(Day)

(Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

Aug 8, 1933, to Aug 19, 1933

I last saw her dead - Aug 19, 1933; death is said to have occurred on the date stated above, at 5:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arterio Sclerosis

Date of onset

Other Contributory Causes of Importance:

Central Hemorrhage

Name of operation ✓ Date of operation

Was there an autopsy? ✓ Was there an autopsy?

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 19

Where did injury occur? ✓

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of Injury

Nature of Injury

## 24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify

(Signed) Dr. Warner Miller, M.D.

(Address) Hagers farm, Md.

Dr. Warner Miller

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                |               |
|--------------------------------|---------------|
| Arteriosclerosis               | Date of onset |
| Chronic interstitial nephritis | 1915          |
| Cerebral hemorrhage            | 1921          |

RECEIVED  
BUREAU OF THE CENSUS

July 5, 1927

Other contributory causes of importance:

Gallstones

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

|                        |               |
|------------------------|---------------|
| Attack of epilepsy     | Date of onset |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |

BUREAU OF THE CENSUS

Other contributory causes of importance:

Gastroenteritis

May 1, 1923

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08398

## 1. PLACE OF DEATH

County Washington

Registration Dist. No. 301

Village ~~city~~ Williamsport Md

St., Ward

Length of residence in city or town where death occurred

life

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

No. 127 &amp; Vermont St

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

## 2. FULL NAME Jackie Luther Poffenberger

(a) Residence: No.

Same

St., Ward.

If nonresident give city or town and State

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|--------|------------------|---|
| male   | white            | single  |

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

XXXXXX

6. DATE OF BIRTH (month, day, and year) Mar. 28. 1931

| 7. AGE | Years | Months | Days | If LESS than<br>1 day, _____ hrs.<br>or _____ min. |
|--------|-------|--------|------|--|
| 2      | 4     |        | 6    |  |

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

none

Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Williamsport Md  
(State or country)

13. NAME James Poffenberger

14. BIRTHPLACE (city or town) Williamsport Md  
(State or country)

15. MAIDEN NAME Goldie McIott

16. BIRTHPLACE (city or town) McConnelsburg Pa  
(State or country)17. INFORMANT James Poffenberger  
(Address) Williamsport Md

18. BURIAL, CREMATION, OR REMOVAL

Place Williamsport Md Date Aug. 6, 1933

Albert Leaf  
(Address) Williamsport Md19. UNDERTAKER b. E. Rickard  
(Address) Williamsport Md

20. FILED Aug. 5, 1933 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. 3, 1933

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from July 26, 1933, to Aug. 3, 1933

I last saw him alive on Aug. 3, 1933; death is said to have occurred on the date stated above, at 8.30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows

Whooping cough

Date of onset

7 weeks

## Other Contributory Causes of Importance:

Bronchial pneumonia 4 weeks

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Theo. Goose  
(Address) Williamsport, Md M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Example II

The principal cause of death and related causes of importance were as follows:

|                        | Date of onset |
|------------------------|---------------|
| Attack of epilepsy     | 1 week ago    |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08399

## 1. PLACE OF DEATH

County Washington  
near \_\_\_\_\_  
Village or City Clear Spring (Blair's Valley) Md

Registration Dist. No. 303

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

Belicia Marlene Poole  
Blair's Valley, Clear Spring, Ward

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|               |                  |  |
|---------------|------------------|--|
| 3. SEX        | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED,<br>OR DIVORCED (Write the word) |
| <u>Female</u> | <u>White</u>     | <u>Sing</u>  |

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Aug 28th 1933

|        |       |        |      |  |
|--------|-------|--------|------|--|
| 7. AGE | Years | Months | Days | If LESS than<br>1 day, ____ hrs.<br>or ____ min. |
|        |       |        |      | <u>Stillborn</u>                                 |

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)

Md

13. NAME John Robert Poole14. BIRTHPLACE (city or town)  
(State or country)

Md

15. MAIDEN NAME Julia Matilda Closser16. BIRTHPLACE (city or town)  
(State or country)

Md

17. INFORMANT JR Poole  
(Address)18. BURIAL, CREMATION, OR REMOVAL  
Place Private Date 8-31 193319. UNDERTAKER Richard M. Conrad  
(Address) Cleasning Maryland20. FILED Aug 31, 1933 J. W. Murray  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug 28th  
(Month)  
(Day)1933  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

, 19 , to , 19 .

I last saw him alive on , 19 ; death is said to have occurred on the date stated above, at , 19 .

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

StillbornShoulder caught at doorway  
Cured not to be believed in time

Date of onset

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury , 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

J. W. Rich

M. D.

(Address) Clear Spring, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Example II

The principal cause of death and related causes of importance were as follows:

|                        | Date of onset |
|------------------------|---------------|
| Attack of epilepsy     | 1 week ago    |
| Run over by street car | 1 week ago    |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08400

## 1. PLACE OF DEATH

County

Washington

⑧

Registration Dist. No. 304

Village or City

Hancock, Md.

St. Ward

Length of residence in city or town where death occurred

yrs

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

No.

How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED  
OR DIVORCED (Write the word)

6a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

8 - 22 - 33

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

Hancock, Md.

## MOTHER FATHER

13. NAME

Oscar J. Rash

14. BIRTHPLACE (city or town)

(State or country)

Pa.

15. MAIDEN NAME

Elise Huber

16. BIRTHPLACE (city or town)

(State or country)

Md.

17. INFORMANT

(Address)

H. R. Zahra  
Berkeley Springs W. Va.

18. BURIAL, CREMATION, OR REMOVAL

Place

Hancock Md.

Date 8/22, 1933

19. UNDERTAKER

(Address)

Oscar J. Rash  
Hancock Md.

20. FILED

Date

8/22, 1933

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

8 - 22 , 1933 (Month Day Year)

22. I HEREBY CERTIFY. That I attended deceased from

I last saw h. alive Still born 19. 33 to 19. 33 death is said  
to have occurred on the date stated above, at m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Stillborn 8-4 mds  
dead 1 to 2 weeks -  
cause unknown

Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

H. R. Zahra  
Berkeley Springs W. Va.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                |                       |
|--------------------------------|-----------------------|
| Arteriosclerosis               | Date of onset<br>1915 |
| Chronic interstitial nephritis | 1921                  |
| Cerebral hemorrhage            | July 5, 1927          |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

Example II

The principal cause of death and related causes of importance were as follows:

|                        |                             |
|------------------------|-----------------------------|
| Attack of epilepsy     | Date of onset<br>1 week ago |
| Run over by street car | 1 week ago                  |
| Peritonitis            | 3 days ago                  |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

Example II

The principal cause of death and related causes of importance were as follows:

|                        | Date of onset |
|------------------------|---------------|
| Attack of epilepsy     | 1 week ago    |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08402

## 1. PLACE OF DEATH

County Washington  
Village or City Boonsboro

152

Registration Dist. No. 305

St. Ward

Length of residence in city or town where death occurred yrs mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

Edgar Renner

Boonsboro Md St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)  
Single5a. If married, widowad, or divorced  
HUSBAND of  
(or) WIFE of

Single

6. DATE OF BIRTH (month, day, and year)

Aug 10, 1933

7. AGE Years Months Days

If LESS than  
1 day, 15 hrs.  
or min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

None

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceasad last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Boonsboro, Md

MOTHER

FATHER

13. NAME Richard Le Roy Renner

14. BIRTHPLACE (city or town)  
(State or country)Washington Co.  
Md.

15. MAIDEN NAME Ethel Katherine Moser

16. BIRTHPLACE (city or town)  
(State or country)Frederick Co.  
Md.17. INFORMANT Richard Le Roy Renner  
(Address)

Boonsboro Md.

18. BURIAL, CREMATION, OR REMOVAL

Place At Home Date Aug. 11, 1933

19. UNDERTAKER  
(Address)

None

20. FILED Aug. 11, 1933 William J. Bart

Registrar

Date of onset

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug

11

1933

22. I HEREBY CERTIFY, That I attandad deceasad from

Aug 10, 1933, to Aug 11, 1933

I last saw her alive on Aug 11, 1933; daath is said  
to have occurred on the date stated above, at 3 P.m.The PRINCIPAL CAUSE OF DEATH and related causes of importanca  
wera as follows:

Premature Birth

Other Contributary Causes of importanca:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to axternal causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceasad? No.

If so, specify

(Signad)

(Address)

G. D. Ligon

Boonsboro

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Example II

The principal cause of death and related causes of importance were as follows:

|                        | Date of onset |
|------------------------|---------------|
| Attack of epilepsy     | 1 week ago    |
| Run over by street car | 1 week ago    |

Other contributory causes of importance:

|            | Other contributory causes of importance: |        |
|------------|--|--------|
| Gallstones | Gastroenteritis                          | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08403

## 1. PLACE OF DEATH

County Washington

93-2

Registration Dist. No. 306

Village or City Blue Ridge Summit

St. Ward

Length of residence in city or town where death occurred yrs. mos. weeks. How long in U.S. if foreign birth? yrs. mos. ds.

## 2. FULL NAME

Walter S. Rocky

(a) Residence: No. 123 W. 44 St. New York City. (Usual place of abode)

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

male white married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Maude Haster.

6. DATE OF BIRTH (month, day, and year)

Aug. 5 1864

7. AGE

Years

Months

Days

If LESS than  
1 day, hrs.  
or min.

69 0 26

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

chemist.

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.

metallurgist

10. Date deceased last worked at  
this occupation (month and  
year)

Jan. 1933

11. Total time (years)  
spent in this  
occupation 40 yrs

12. BIRTHPLACE (city or town)

(State or country)

Toledo Ohio.

## MOTHER FATHER

13. NAME

Henry Rocky

14. BIRTHPLACE (city or town)

Toledo Ohio.

(State or country)

15. MAIDEN NAME

Catherine Balsly

16. BIRTHPLACE (city or town)

Toledo Ohio.

(State or country)

17. INFORMANT

Mrs. Walter S. Rocky

(Address)

New York City N.Y.

18. BURIAL, CREMATION, OR REMOVAL

Place Under Park Balt. Md. Sept. 6, 1933

19. UNDERTAKER

Walter G. Green

(Address)

Staymesters Rd.

20. FILED

Sept 12, 1933

(Date)

Sealed by [Signature]

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

8 - 31

(Month) (Day), 19 (Year)

22. I HEREBY CERTIFY. That I attended deceased from

7-10, 1933, to 8-31, 1933. I last saw him alive on 8-26, 1933; death is said

to have occurred on the date stated above, at 1:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Ovarian myomaditis

Date of onset

Other Contributory Causes of importance:

Inflammation

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

N. C. Biggers  
Blue Ridge Summit

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08404

## 1. PLACE OF DEATH

County WASHINGTON  
Village or City MARYLAND HANCOCK

43

Registration Dist. No. 304

St., Ward

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

St., Ward.

If nonresident give city or town and State

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)FEMALE WHITESINGLE5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

OCT 1861  
7. AGE Years 72 Months None Days None If LESS than  
1 day, hrs.  
or min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year) Aug 31 193311. Total time (years)  
spent in this  
occupation LIFE12. BIRTHPLACE (city or town)  
(State or country)13. NAME JOHN SHEPPARD14. BIRTHPLACE (city or town)  
(State or country)15. MAIDEN NAME BARBARA WHITE16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT BESSIE BOYD(Address) DC

18. BURIAL, CREMATION, OR REMOVAL

Place HANCOCK MD Date 9/1 193319. UNDERTAKER T P JENNINGS(Address) HANCOCK MD20. FILED 8/31 1933 J P Jennings

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

August 30

(Month)

(Day)

1933  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Aug 31, 1933 to Aug 30, 1933; death is said

I last saw her alive on Aug 30, 1933; to have occurred on the date stated above, at 11:15 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Myocarditis

Duration two years. Onset

Date of onset

Other Contributory Causes of importance:

Paralysis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Was there an autopsy?

E. Death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Jessie B. Boyd M. D.  
(Address) Hancock Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                |                       |
|--------------------------------|-----------------------|
| Arteriosclerosis               | Date of onset<br>1915 |
| Chronic interstitial nephritis | 1921                  |
| Cerebral hemorrhage            | July 5, 1927          |

Example II

The principal cause of death and related causes of importance were as follows:

|                        |                             |
|------------------------|-----------------------------|
| Attack of epilepsy     | Date of onset<br>1 week ago |
| Run over by street car | 1 week ago                  |
| Peritonitis            | 3 days ago                  |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

08405

## 1. PLACE OF DEATH

County Washington

Village or City Hagerstown

Length of residence in city or town where death occurred 15 yrs.

48

Registration Dist. No. 302

No. 911 W. Washington St., 2 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Anna May Shipp

(a) Residence: No. 911 W. Washington

St. 2 Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Female White

Married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

John F.

6. DATE OF BIRTH (month, day, and year)

Aug 26-1870

7. AGE Years Months Days If LESS than  
1 day, hrs.  
or min.

62

11

13

1 day, hrs.  
or min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

Walkersville  
Md

## MOTHER FATHER

13. NAME David D. Durbin

14. BIRTHPLACE (city or town)

(State or country)

Walkersville

Md

15. MATURE NAME Mary Engle

16. BIRTHPLACE (city or town)

(State or country)

Thurmont

Md.

17. INFORMANT John F. Shipp

(Address) Hagerstown, MD

18. BURIAL, CREMATION, OR REMOVAL

Place Hagerstown, MD Date Aug 10, 1933

19. UNDERTAKER H. C. Coxman

(Address) Hagerstown, MD

20. FILED 8-9-33 by J. H. Board

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug 8, 1933

22. I HEREBY CERTIFY That I attended deceased from

April 10, 1933, to Aug 8, 1933; death is said

I last saw him alive on Aug 8, 1933; death is said

to have occurred on the date stated above, at 8 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cacumoid ulcer

uteri

Other Contributory Causes of Importance:

Inflammation

Name of operation Nutmeg Date of

What test confirmed diagnosis Palpation Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Data of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Board M. D.

(Address) 164 W. Main Hagerstown

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Example II

The principal cause of death and related causes of importance were as follows:

|                        | Date of onset |
|------------------------|---------------|
| Attack of epilepsy     | 1 week ago    |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08406

## 1. PLACE OF DEATH

County

Washington

(131)

Registration Dist. No. 303

Village or City

Clearspring, Md., R.D. No.

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 35 yrs. 5 mos. 6 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

Clearspring, Md., R.D. No.

(usual place of above)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Married

6. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Kate B. Snyder

6. DATE OF BIRTH (month, day, and year)

Dec. 12, 1850

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

82

7

24

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

Farmer

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)

3 days ago

11. Total time (years)  
spent in this  
occupation

52 yrs

12. BIRTHPLACE (city or town)

(State or country)

Tideling Waters

Md.

MOTHER FATHER

13. NAME

Simon Snyder

14. BIRTHPLACE (city or town)

(State or country)

Boonsboro, Md.

15. MAIDEN NAME

Sophia Larowe

16. BIRTHPLACE (city or town)

(State or country)

Wellesvport, Md.

17. INFORMANT

(Address)

Albert Snyder.

18. BURIAL, CREMATION, OR REMOVAL

Place

St. Paul's Cemetery Date Aug. 9, 1938

19. UNDERTAKER

(Address)

A. D. Coffey &amp; Son

20. FILED

(Date)

Aug. 7, 1938 J. W. Murray

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

## 21. DATE OF DEATH

Aug 6, 1938  
(Month) (Day)  
(Year)

22. I HEREBY CERTIFY That I attended deceased from

July 8, 1938, to Aug. 6, 1938; i last saw him alive on Aug. 6, 1938; death is said to have occurred on the date stated above, at 1 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic

Bright's Disease

Date of onset

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jonathan P. Orr M. D.  
(Address) Clearspring

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                |                       |
|--------------------------------|-----------------------|
| Arteriosclerosis               | Date of onset<br>1915 |
| Chronic interstitial nephritis | 1921                  |
| Cerebral hemorrhage            | July 5, 1927          |

The principal cause of death and related causes of importance were as follows:

Example II

The principal cause of death and related causes of importance were as follows:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

08407

## 1. PLACE OF DEATH

County Washington

(131)

Registration Dist. No. 302

Village or City Brethedsville

St. Ward

Length of residence in city or town where death occurred yrs.

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME Jane Catherine South

(a) Residence: No. Shafesbury Rd (near Cato)

No. Shafesbury Rd (near Cato)

St. Ward

(Usual place of abode) near Hagerstown

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|--------|------------------|---|
| Female | White            | Widowed   |

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Wife of B G South

6. DATE OF BIRTH (month, day, and year) Sept 9 1851

| 7. AGE | Years | Months | Days | If LESS than<br>1 day, _____ hrs.<br>or _____ min. |
|--------|-------|--------|------|--|
| 81     | 11    | 29     |      |  |

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 10 days | 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Bever Creek (State or country) Maryland

13. NAME George S Adams

14. BIRTHPLACE (city or town) Bever Creek (State or country)

15. MADIOEN NAME Amy Rowland

16. BIRTHPLACE (city or town) Bever Creek (State or country)

17. INFORMANT George B South (Address) Bever Creek Md

18. BURIAL, CREMATION, OR REMOVAL Place Bever Creek Date Aug 13, 1933

19. UNDERTAKER Andrew K Coffman (Address) Hagerstown Maryland

20. FILED 8-11, 1933 Chaffinners

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

August 10 1933 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1931, to Aug 10, 1933.

I last saw her alive on Aug 10, 1933; death is said to have occurred on the date stated above, at 2 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Data of onset

Chronic nephritis

## Other Contributory Causes of Importance:

None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) A.P. Taffner M.D.  
(Address) Hagerstown Maryland

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Example II

The principal cause of death and related causes of importance were as follows:

|                        | Date of onset |
|------------------------|---------------|
| Attack of epilepsy     | 1 week ago    |
| Run over by street car | 1 week ago    |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

08408

## 1. PLACE OF DEATH

County Washington  
Village or City Hagerstown

Length of residence in city or town where death occurred 6 yrs.

1862

Registration Dist. No. 302

St. 3 Ward

No. 226 Hager

(If death occurred in a hospital or institution give its NAME instead of street and number)

mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME

William Arthur Spielman

(a) Residence: No. 226 Hager

(Usual place of abode)

St. 3 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|        |                  |   |
|--------|------------------|---|
| 3. SEX | 4. COLOR OR RACE | S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
| Male   | White            | Married   |

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Susan Missouri Spielman

6. DATE OF BIRTH (month, day, and year)

|        |       |        |      |  |
|--------|-------|--------|------|--|
| 7. AGE | Years | Months | Days | If LESS than<br>1 day, _____ hrs.<br>or _____ min. |
|        | 67    | 11     | 19   |  |

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

|   |         |
|---|---------|
| 11. Total time (years) spent in this occupation | 20 yrs. |
|---|---------|

12. BIRTHPLACE (city or town)  
(State or country)

|          |                   |
|----------|-------------------|
| 13. NAME | Jonathan Spielman |
|----------|-------------------|

|   |            |
|---|------------|
| 14. BIRTHPLACE (city or town)<br>(State or country) | Hagerstown |
|---|------------|

|                 |                       |
|-----------------|-----------------------|
| 15. MAIDEN NAME | Rebecca Ein Bomberger |
|-----------------|-----------------------|

|   |            |
|---|------------|
| 16. BIRTHPLACE (city or town)<br>(State or country) | Hagerstown |
|---|------------|

|               |                |
|---------------|----------------|
| 17. INFORMANT | W. A. Spielman |
|---------------|----------------|

|                                   |   |
|-----------------------------------|---|
| 18. BURIAL, CREMATION, OR REMOVAL | Place: Hagerstown, md Date: Aug 3, 1933 |
|-----------------------------------|---|

|                |                 |
|----------------|-----------------|
| 19. UNDERTAKER | A. R. Cox & Son |
|----------------|-----------------|

|           |          |
|-----------|----------|
| 20. FILED | 8-3-1933 |
|-----------|----------|

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug 1  
(Month) 1933  
(Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from

July 1, 1933, to Aug 1, 1933  
I last saw him alive on July 30, 1933; death is said

to have occurred on the date stated above, at 144 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Hemorrhage

Central Hemorrhage (2d)

Following fall down steps

Other Contributory Cause of importance

Date of onset  
1927

1932

1933

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No.

23. If death was due to external cause (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Yes, Date of injury 33

Where did injury occur? Hagerstown, md

Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Home Laceration

Nature of Injury Fall down steps

Nature of Injury Fall on head, lacerations.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. B. Kneisley M. D.

(Address) 148 C. w. 4th St. Hagerstown, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Example II

The principal cause of death and related causes of importance were as follows:

|                        | Date of onset |
|------------------------|---------------|
| Attack of epilepsy     | 1 week ago    |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08409

## 1. PLACE OF DEATH

County Washington  
WITHIN CORPORATE LIMITS  
 Village or City Hagerstown

Registration Dist. No. 302

Length of residence in city or town where death occurred

(If death occurred in a hospital or institution, give its NAME instead of street and number)  
 No. West C. Hospital, St. 3 Ward

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Child of E. L. Swonley(a) Residence: No. 235 C. Baltimore St. 3 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|  |                  |  |
|--|------------------|--|
| 3. SEX   | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED,<br>OR DIVORCED (write the word) |
| <u>female</u>  | <u>white</u>     | <u>single</u>  |
| 6a. If married, widowed, or divorced<br>HUSBAND of<br>(or) WIFE of _____ |                  |  |

|  |                      |        |      |
|--|----------------------|--------|------|
| 6. DATE OF BIRTH (month, day, and year)            | <u>Aug 25 - 1933</u> |        |      |
| 7. AGE   | Years                | Months | Days |
|  |                      |        |      |
| If LESS than<br>1 day, _____ hrs.<br>or _____ min. |                      |        |      |

|   |   |             |
|---|---|-------------|
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | <u>None</u> |
|   | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.          | <u>—</u>    |
| 10. Date deceased last worked at this occupation (month and year) | <u>—</u>  |             |
|   | 11. Total time (years) spent in this occupation   |             |

|   |                      |  |
|---|----------------------|--|
| 12. BIRTHPLACE (city or town)<br>(State or country) | <u>Hagerstown Md</u> |  |
|---|----------------------|--|

|               |   |                      |
|---------------|---|----------------------|
| MOTHER FATHER | 13. NAME  | <u>E. L. Swonley</u> |
|               | 14. BIRTHPLACE (city or town)<br>(State or country) | <u>Frederick Md</u>  |

|        |   |                      |
|--------|---|----------------------|
| MOTHER | 15. MAIDEN NAME                                     | <u>Sadie Shockey</u> |
|        | 16. BIRTHPLACE (city or town)<br>(State or country) | <u>Hagerstown Pa</u> |

|               |                      |
|---------------|----------------------|
| 17. INFORMANT | <u>E. L. Swonley</u> |
|               | <u>Hagerstown Md</u> |

|                                   |                             |
|-----------------------------------|-----------------------------|
| 18. BURIAL, CREMATION, OR REMOVAL | Place: <u>Hagerstown Md</u> |
|                                   | Date: <u>Aug 26, 1933</u>   |

|                |                        |
|----------------|------------------------|
| 19. UNDERTAKER | <u>Scott J. Minard</u> |
|                | <u>Hagerstown Md</u>   |

|           |                       |
|-----------|-----------------------|
| 20. FILED | <u>8/26/33</u>        |
|           | <u>Death Boarders</u> |

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug 25 (Month) 1933 (Year) 25 (Day)

22. I HEREBY CERTIFY That I attended deceased from

I last saw her alive at Hagerstown Aug 25, 1933; death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Stillbirth.

Date of onset

## Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_ M. D. \_\_\_\_\_

(Signed) John (Address) Hagerstown, Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                |                       |
|--------------------------------|-----------------------|
| Arteriosclerosis               | Date of onset<br>1915 |
| Chronic interstitial nephritis | 1921                  |
| Cerebral hemorrhage            | July 5, 1927          |

RECEIVED  
SEP 6 1927

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

Example II

The principal cause of death and related causes of importance were as follows:

|                        |                             |
|------------------------|-----------------------------|
| Attack of epilepsy     | Date of onset<br>1 week ago |
| Run over by street car | 1 week ago                  |
| Peritonitis            | 3 days ago                  |

RECEIVED  
SEP 6 1927

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08410

## 1. PLACE OF DEATH

County Washington  
Village or City Parmaount

(121)

Registration Dist. No. 302 ✓

St. Ward

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Mrs Missouri Alice Troungier

(a) Residence: No. Parmaount

St. ✓ Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female White

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

July 5 1854

7. AGE

Years Months Days

If LESS than  
1 day, hrs.  
or min.

79

1

8

|            |   |           |
|------------|---|-----------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | Housewife |
|            | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.          |           |
|            | 10. Date deceased last worked at this occupation (month and year)                           | May 1933  |
|            | 11. Total time (years) spent in this occupation   | 25 yrs.   |

12. BIRTHPLACE (city or town)  
(State or country)

Hagerstown Md.

13. NAME

Mary, Middlebaugh

14. BIRTHPLACE (city or town)  
(State or country)

Hagerstown Md.

15. MAIDEN NAME

Mary Snyder

16. BIRTHPLACE (city or town)  
(State or country)

Hagerstown Md.

17. INFORMANT

Mrs Lelia Sexton

(Address) Hagerstown Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Hagerstown Date Feb 16, 1933

(Address) Hagerstown Md.

19. UNDERTAKER

(Address) T. J. Coxman

(Address) Hagerstown Md.

20. FILED

8-14-33 West Bowers

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug 13, 1933  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

April 2, 1933, to Aug 13, 1933  
I last saw her alive on Aug 13, 1933; death is said  
to have occurred on the date stated above, at 12:45 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Cerebral Hemorrhage  
Date of onset Apr 2, 1933Other Contributory Causes of importance:  
Arterio Sclerosis  
Chronic Carditis  
Cerebral Thrombosis  
Duration 10 yrs.  
duration

Name of operation none Date of

What test confirmed diagnosis Blood Exam Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) O. H. Binkley

(Address) Hagerstown Md.

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Example II

The principal cause of death and related causes of importance were as follows:

|                        | Date of onset |
|------------------------|---------------|
| Attack of epilepsy     | 1 week ago    |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08411

## 1. PLACE OF DEATH

County Washington  
Village or City Near St. Pauls (Hetzer Farm)

97

Registration Dist. No.

303

St., Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Aenea Grant Van Goshen

(a) Residence: No. no permanent abode St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|             |                        |  |
|-------------|------------------------|--|
| 3. SEX male | 4. COLOR OR RACE white | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single |
|-------------|------------------------|--|

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X XXXX

6. DATE OF BIRTH (month, day, and year) Oct 8, 1877

|                 |           |         |                                  |
|-----------------|-----------|---------|----------------------------------|
| 7. AGE 55 Years | Months 10 | Days 15 | If LESS than 1 day, hrs. or min. |
|-----------------|-----------|---------|----------------------------------|

|   |              |
|---|--------------|
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | Farm Laborer |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.          |              |
| 10. Date deceased last worked at this occupation (month and year)                           | 1929         |
| 11. Total time (years) spent in this occupation   | life         |

12. BIRTHPLACE (city or town)  
(State or country) Morgan Co. W. Va

|   |
|---|
| 13. NAME Joseph Van Goshen                                    |
| 14. BIRTHPLACE (city or town)<br>(State or country) not known |

15. MARION NAME Phoebe Ekert

16. BIRTHPLACE (city or town)  
(State or country) Maryland17. INFORMANT E. J. Van Goshen  
(Address) Martinsburg W. Va18. BURIAL, CREMATION, OR REMOVAL  
Place Bellvue Md Date Aug. 25, 193319. UNDERTAKER Albert Leaf  
(Address) Williamsport Md20. FILED Aug 25, 1933 J. W. Murray  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. 23, 1933

(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

, 19 , to , 19

I last saw him alive on about 2 P.M. ; death is said to have occurred on the date stated above, et

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Natural Causes  
Probably General Debility

Arterio-sclerosis duration, several months

Other Contributory Causes of importance: C.R.P.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Acting

(Signed) Chas. T. Knight, Jr. Coroner

M. D.

(Address) Clearspring Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Example II

The principal cause of death and related causes of importance were as follows:

|                        | Date of onset |
|------------------------|---------------|
| Attack of epilepsy     | 1 week ago    |
| Run over by street car | 1 week ago    |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLEINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08412

## 1. PLACE OF DEATH

County Washington

Village or City Hagerstown

82-a

Registration Dist. No. 302

St. 25 Ward

Length of residence in city or town where death occurred

yrs. mos.

ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Gertrude Virginia Wells

(a) Residence: No. 436 N. Jonathan St.

St. 5 Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Black

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 8, 1862

7. AGE

Years  
71Months  
3Days  
10If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year) -11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country) Winchester  
Va.

13. NAME George Wells

14. BIRTHPLACE (city or town)  
(State or country) Winchester  
Va.

15. MATURE NAME Harriet Harris

16. BIRTHPLACE (city or town)  
(State or country) Winchester  
Va.17. INFORMANT Charles T. Wells  
(Address) Hagerstown Md.18. BURIAL, CREMATION, OR REMOVAL (Winchester Va.)  
Place Orrick Cem. Date Aug. 21, 193319. UNDERTAKER Fred W. Kraiss  
(Address) Hagerstown Md.

20. FILED 8-18-33 Chaffin

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

August 18, 1933

(Month)

(Day)

, 1933  
(Year)22. I HEREBY CERTIFY, That I attended deceased from  
8/10/33 to 8/18/33, 1933; doath is saidI last saw h alive on 7:00 A.M.; doath is said  
to have occurred on the date stated above, at \_\_\_\_\_.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

cerebral hemorrhage

Date of onset

8/10-33

Other Contributory Causes of importance:

arterio-sclerosis

Name of operation.

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

Victor Miller

M. D.

DR. VICTOR D. MILLER

11 W. WASHINGTON ST.

HAGERSTOWN, MD.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Example II

The principal cause of death and related causes of importance were as follows:

|                        | Date of onset |
|------------------------|---------------|
| Attack of epilepsy     | 1 week ago    |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |
|            |             |
|            |             |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |
|                 |        |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

08413

## 1. PLACE OF DEATH

County Washington County  
Village or City Hagerstown, Md.

(131)

Registration Dist. No. 302

Length of residence in city or town where death occurred 40 yrs.

No. 104 Elizabeth St. St. 2 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME Thomas H. Wilson

(a) Residence: No. 104 Elizabeth St.  
(Usual place of abode)

St. 2 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|             |                        |  |
|-------------|------------------------|--|
| 3. SEX Male | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br>Married |
|-------------|------------------------|--|

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Nealie M. Wilson

6. DATE OF BIRTH (month, day, and year) Feb. 15, 1855

|                 |          |         |  |
|-----------------|----------|---------|--|
| 7. AGE Years 78 | Months 5 | Days 24 | If LESS than<br>1 day, ____ hrs.<br>or ____ min. |
|-----------------|----------|---------|--|

|  |   |
|--|---|
| 8. Trade, profession, or particular kind of work done, as SPINNER,<br>SAWYER, BOOKKEEPER, etc. | Laborer   |
| 9. Industry or business in which work was done, as SILK MILL,<br>SAW MILL, BANK, etc.          |   |
| 10. Date deceased last worked at this occupation (month and year)                              | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town) Luray, Va.  
(State or country)

13. NAME Thomas Wilson

14. BIRTHPLACE (city or town) Luray  
(State or country) Va.

15. MAIDEN NAME Barbra ----

16. BIRTHPLACE (city or town) Luray,  
(State or country) Va.17. INFORMANT Mrs. Nealie Wilson  
(Address)18. BURIAL, CREMATION, OR REMOVAL  
Place Hagerstown, Md Date Aug. 11, 193319. UNDERTAKER Fred W. Kraiss  
(Address) Hagerstown, Md.20. FILED 8-11-1933 Death Bowers  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

August 8, 1933  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Aug 6<sup>th</sup>, 1933, to Aug 8<sup>th</sup>, 1933  
I last saw him alive on Aug 8<sup>th</sup>, 1933; death is said  
to have occurred on the date stated above, at 6:45 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Date of onset

Cerebral Hemorrhage  
+  
Paralysis

Other Contributory Causes of importance:

Chronic Nephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) \_\_\_\_\_

(Address) \_\_\_\_\_

M.D.

Mr. A. Gordon  
Hagerstown, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I

The principal cause of death and related causes of importance were as follows:

|                                |              |
|--------------------------------|--------------|
| Arteriosclerosis               | 1915         |
| Chronic interstitial nephritis | 1921         |
| Cerebral hemorrhage            | July 5, 1927 |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN